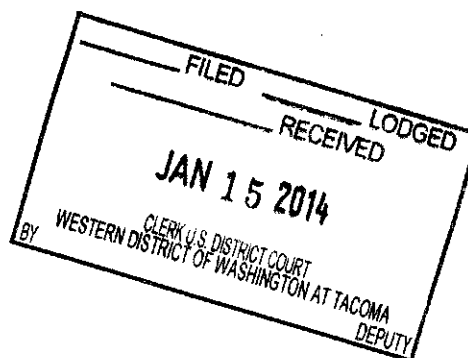


14-CV-05047-CMP



IN THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF WASHINGTON

AARON HAHN)
Plaintiff,)
)
v.)
)
DOUG WADDINGTON,)
SCOTT RUSSELL,)
ROBERT MARTIN.)
(in their individual and)
official capacities))
Defendants.)

CIVIL ACTION NO. CV 14-5047-EFS
CV14 5047

RJB/KLS

JURY TRIAL DEMANDED

FIRST AMENDED COMPLAINT

I. JURISDICTION & VENUE:

1. This is a civil action authorized by 42 U.S.C. Section 1983 to redress the deprivation, under color of State Law, of rights secured by the constitution of the United States. The court has jurisdiction under 28 U.S.C. Section 1331 and 1343 (a)(3). This court has jurisdiction to grant declaratory relief pursuant to title 28 U.S.C. 2201, also plaintiff Hahn seeks declaratory relief pursuant to 28 U.S.C. Section 2201 and 2202.

2. Venue is proper in this judicial district pursuant to title 28 U.S.C.

Civil Rights Complaint

(1)

1391, because at least one (1) defendant resides in the Western District of Washington.

II. INTRODUCTION:

1. The Plaintiff is a Washington State prisoner currently incarcerated at the Washington State Penitentiary in the city of Walla Walla, Washington. The Plaintiff is proceeding Pro Se in this Civil Rights Action, under title 42 U.S.C. § 1983, and relevant Federal, and/or State Law(s) that apply.

2. This action arises out of the failure of the Defendants' (above) to properly accommodate, and/or provide/place the Plaintiff with the proper Mental Health treatment/housing, per DOC policy 630.500, when Plaintiff has a well diagnosed Mental Health history.

3. The well documented refusal to provide the proper Mental Health housing/treatment to the Plaintiff, has caused the Plaintiff to bring about this Civil Rights' Action to this Honorable Court, in order to redress the Defendants' failures' under: (A.) Title 42 U.S.C. § 1983. (B.) The 8th Amendment to the U.S. Constitution, (C.) The Deliberate Indifference standard, which falls under the Cruel and Unusual Punishment clause of the 8th Amendment to the U.S. Constitution.

PLACE OF CONFINEMENT:

Answer: The Washington State Penitentiary, in the city of Walla Walla,
Washington.

(A) ~~Yes, there is a grievance procedure(s) available at this (above)~~
institution.

(B) Yes, numerous grievances (concerning the facts to this complaint) were
filed. See Log i.d. NO. 13532397.

(C) Yes, the grievance procedure is completed in this case. See Log i.d. NO.
13532397

(D) Yes, numerous other informal/formal requests, for relief from the proper
Administrative Officials' (regarding the information provided in this
complaint) were filed.

III. PLAINTIFF:

1. Plaintiff, Aaron Hahn, is and was at all times mentioned herein a prisoner of the State of Washington in the custody of the Washington Department of Corrections.

He is currently confined in the Washington State Penitentiary in Walla Walla, Washington.

IV. Defendants:

1. Defendant, Doug Waddington, was/is the current superintendent at the Washington Corrections Center.

2. Defendant, Scott Russell, was/is the current superintendent at the Washington Corrections Center.

3. Defendant, Robert Martin, is/was a classification counselor at the Washington Corrections Center, and is responsible for placements of inmates and handling complaints.

ADDITIONAL DEFENDANT(s):

The plaintiff hereby requests the right(s) to call/add any/all Defendant's (in the future), as they become known to the plaintiff.

ALL DEFENDANTS' HAVE ACTED, AND CONTINUE TO ACT UNDER COLOR OF STATE LAW(S)

1. Defendant, Doug Waddington, was/is the Superintendent during the time Plaintiff was at Washington Corrections Center in Shelton, Washington.

~~Defendant Waddington is responsible for the Supervision of all the prison's~~
~~Employees', the proper execution of the local prison's Policies/Procedures/~~
~~Customs, and the lawful/unlawful treatment of the prisoner's confined at~~
the Washington Corrections Center, under the care of Defendant Waddington.

The Plaintiff alleges upon personal experience and belief, that Defendant Waddington is aware of the unlawful and inhumane conditions described in this complaint and has either caused these reported conditions, and/or acted with Deliberate Indifference to the legal rights of the Plaintiff, (in allowing these reported conditions to continue, unabated.)

In the past 4 years', Defendant Waddington has agreed with the Classification/Placements/and Mental Health decisions made by Classification Counselors and Mental Health professionals at the Washington Corrections Center reception center, despite Complaints/Fears made by Plaintiff.

Defendant Waddington is sued in his individual and official capacities.

2. Defendant, Scott Russell, is/was the Superintendent at the time Plaintiff was at Washington Corrections Center in Shelton, Washington.

Defendant Russell is responsible for the Supervision of all the prison's Employees', the proper execution of the local prison's Policies/ Procedures/ Customs, and lawful/unlawful treatment of the prisoner's confined at the

Washington Corrections Center, under the care of Defendant Russell.

The Plaintiff alleges upon personal experience and belief, that Defendant

Civil Rights Complaint

(5)

Russell is aware of the unlawful, and inhumane conditions described in this complaint, and has either caused these reported conditions, and/or has acted with Deliberate Indifference to the legal rights of the Plaintiff, (in allowing these reported conditions/actions to continue, unabated.)

In the past 4 years', Defendant Russell has agreed with the Classification/ Placements/ and Mental Health decisions made by Classification Counselors and Mental Health Professionals at the Washington Corrections Center reception center despite Complaints/Concerns/Fears made by the Plaintiff.

Defendant Russell is sued in his individual and official capacities.

3. Defendant, Robert Martin was/is currently a Washington State Department of Corrections Employee working at Washington Corrections Center in Shelton, Washington, as a Classification Counselor under the direction and supervision of Waddington and Russell. (above). From December 2nd, 2009, to approximately February 2010, Defendant Martin was the Plaintiffs' Classification Counselor while Plaintiff was at Washington Corrections Center. While Plaintiff was at the Washington Corrections Center between December 2nd, 2009, and February 2010, Plaintiff complained to Defendant Martin several times regarding his fear to go to Walla Walla mainline and had also told Defendant Martin of his mental illness and his need to go to a Mental Health facility, or some other facility, even though Plaintiff has a long history of Mental Health Disorder and had been seperated from the Military due to his mental illness. Defendant Martin, has stated to Plaintiff that Plaintiff has no Mental Health history

and therefore would not qualify for Mental Health, and Plaintiffs' only option was Washington State Penitentiary mainline. The Plaintiff alleges upon personal experience and belief, that Defendant Martin is aware of his

unlawful actions described in this complaint, and has either caused the reported conditions of Plaintiff or has acted with Deliberate Indifference to the legal rights of the Plaintiff.

~~Defendant Martin is sued in his individual and official capacities.~~

V. FACTS' WITH SUPPORTING EVIDENCE:

1. The Plaintiff has a well documented Mental Health history. This cannot be disputed.
2. The Plaintiff was separated from the United States Army in April 2003, due to Mental Health reasons. (exhibit 1)
3. The Plaintiff has been in/and out of Mental Health hospitals throughout his life.
4. The Plaintiff has attempted suicide several times, appx 20 occasions, both in/out and during his incarceration, including in jail.
5. The Plaintiff has taken Mental Health medications before/both in and out of prison.
6. On or about December 2nd, 2009, Plaintiff got to Washington Corrections Center in Shelton, Washington.
7. Per DOC Policy 650.500 (11)(A)(1) all inmates must receive a Mental Health Evaluation, upon admittance to DOC.
8. Upon arrival at Washington Corrections Center, Plaintiff had to ask to speak with Mental Health. DOC violated policy by not immediately giving Plaintiff an evaluation.
- ~~9. At appx 1630 hrs on or about December 2nd, 2009, Plaintiff saw Mental Health after an appx 2 hr wait. (An appointment to be placed on medication was made).~~

10. On or about December 18th, 2009, Plaintiff saw Classification Counselor Robert Martin. Plaintiff was given one placement option, Washington State Penitentiary, and Classified as Close Custody. (Washington State has three Close Custody facilities: W.S.P., Clallam Bay, and S.O.U. in Monroe).

11. Plaintiff was not asked about fears/concerns of being placed anywhere.

Per policy Classification must ask about fears.

12. Plaintiff was asked a few questions regarding his J&S and his P.S.I., however was not shown J&S.

13. After Plaintiff Hahn was classified, Plaintiff sent an email to Defendant Martin on or about December 18th, 2009, saying "I can't go to Walla Walla when I see you soon I will explain why". (exhibit 2)

14. On or about December 22nd, 2009, Plaintiff emailed Defendant Robert Martin again after Defendant Martin on or about December 22nd, 2009, emailed Plaintiff Hahn telling Plaintiff that he was put in for WSP; Plaintiff said "I really need to go to CBCC WSP will not work. Please make CBCC work".

15. On or about December 22nd, 2009, Plaintiff was finally placed on Mental Health Medications.

16. On or about December 23rd, 2009, Plaintiff went to C/O's about having suicidal thoughts. The C/O's never reported this to the Mental Health staff.

17. On or about January 4th, 2010, Plaintiff emailed Defendant Martin asking about Mental Health. (exhibit 2)

18. On or about January 5th, 2010, Defendant Martin replied "I don't know what you are talking about". (exhibit 2)

19. On or about January 10th, 2010, Plaintiff asked Defendant Martin if Plaintiff Hahn could be placed in Mental Health. Defendant Martin stated that Plaintiff did not qualify for Mental Health.

20. On or about January 12th, 2010, Plaintiff saw the Mental Health prescriber and told the Mental Health prescriber from Shelton Washington that Plaintiff was scared to go to Walla Walla; the Mental Health prescriber replied "What you can't fight"?

21. On or about January 15th, 2010, Plaintiff was slashed on the lip by unknown inmate.

22. After Plaintiff was slashed on the lip by unknown inmate, Plaintiff was moved to R1, which is a classification unit at the Washington Corrections Center in Shelton, Washington.

23. Defendant Martin is aware that Plaintiff Hahn was cut by unknown inmate because Plaintiff Hahn told him on or about January 27th, 2010.

24. Since Defendant Martin is/was aware of Plaintiff's previous assault by unknown inmate and Plaintiff Hahn told Defendant that he had Mental Health issues and was afraid, Defendant Martin is/was clearly in violation of Plaintiff's Eighth Amendment right.

25. Defendant Martin is/was clearly deliberately indifferent towards Plaintiff Hahn.

26. On or about February 6th, 2010, Plaintiff again told the unit C/O's about Plaintiff's suicidal ideations. This again went unreported to Mental Health staff.

27. Per DOC Policy 650.500 offenders on Mental Health medications are supposed to be frequently monitored.

28. On or about February 14th, 2010, Plaintiff got to Washington State Penitentiary, Delta Unit, in Walla Walla, Washington.

29. On or about April 26th, 2010, at or around 2100 hrs, Plaintiff was assaulted by inmate Dennis Repp, while leaving the West Complex Library at the Washington State Penitentiary. (exhibit 3)

30. According to staff witness reports, Plaintiff Hahn's attack was unprovoked by Hahn. (exhibit 4)

31. According to staff witness reports, "at no time did I/M Hahn fight back". (exhibit 4)

32. As a result of the assault, Plaintiff received several stitches in his nose, (Hahn has a scar on the bridge of his nose), had a black eye, and a swollen and bruised area to the jaw. (exhibit 5)

33. Inmate Repp states the reason for the assault is because "He had it coming, he was talking too much". (exhibit 6)

34. Inmate Repp was given an infraction, WAC 137-25-030 #502 and was later found guilty. (exhibit 7- several other reports follow)

35. Witnesses to this assault include: CMHCC Shawna Caulkins, Librarian Jean Baker, Corrections Officer Dustin Davis, Corrections Officer Kenneth Gearns, Sergeant Deressee Smith, and others. All employees of Washington State Penitentiary who were present at the time of the assault.

(exhibit 8 and following)

36. After Plaintiff got assaulted, Plaintiff was placed in Administrative Segregation. While on Ad Seg., Plaintiff spent time in the seclusion room with thoughts of suicide. Plaintiff was also admitted to the Mental Health Hospital on several occasions, with more suicidal ideations, voices, and fears of more assaults.

37. After removal from Ad Seg, Plaintiff was placed in Baker Unit, or SHU. Also known as the Bar Units (at WSP).

38. On or about January 12th, 2011, Plaintiff attempted to hang himself from the sprinkler in his cell. He was taken to the seclusion room for appx 3 days, then moved down the hall for another 13-15 days.

39. On or about March 21st, 2011, Plaintiff was diagnosed by Richard Jacks as being Schizoaffective with a personality disorder. (exhibit 9)

40. On or about December 3rd, 2012, Plaintiff Hahn filed his level 1 grievance. (exhibit 10)

41. On or about December 6th, 2012, WSP Grievance Coordinator Young returned with a response "Not Grievable" You are beyond time frames". Log ID 12525294 (exhibit 10)

42. On or about December 10th, 2012, Plaintiff appealed this grievance response to a level 2. (exhibit 11)

43. On or about December 13th, 2012, Grievance Coordinator Young returned Plaintiff's grievance appeal stating: "Non grievable decision stands" Log ID 12525294 (exhibit 11)

44. On or about December 16th, 2012, Plaintiff Hahn filed a level 3 appeal on his grievance. Plaintiff never received a level 3 grievance response for Log ID 12525294.

45. On or about February 28th, 2013, Plaintiff refiled his level 1 grievance, Log ID 13532397. (exhibit 12)

46. On or about March 18th, 2013, Grievance Coordinator responded "Beyond time frames". Log ID 13532397 (exhibit 12)

47. On or about March 21st, 2013, Plaintiff filed a level 2 grievance appeal. (exhibit 13)

48. On or about March 25th, 2013, Grievance Coordinator Young replied "The not grievable decision will stand" (exhibit 13)

49. On or about March 27th, 2013, Plaintiff appealed the Grievance Coordinator's decision to a level 3 grievance. Plaintiff never received a level 3 response. Log ID 13532397

VI. EXHAUSTION OF LEGAL REMEDIES

1. Plaintiff Hahn has exhausted all his administrative legal remedies. See

Log I.D. 13532397

VII. LEGAL CLAIMS:

1. Plaintiff realleges and incorporates by reference paragraphs 1 - 49.

2. Defendant Martin acted with Deliberate Indifference toward Plaintiff Hahn, and violated Plaintiff Hahn's 8th Amendment right to be free from cruel and unusual punishment and Plaintiff's right to be free from physical brutality.

After Hahn told Defendant Martin that he had problems and fears about being placed at Walla Walla mainline, and of his Mental Health problems, and caused Plaintiff's physical unrepairable damage and even emotional distress.

VIII. DEFENDANTS: WADDINGTON & RUSSELL

1. According to Plaintiff's records, Defendant Doug Waddington was the Superintendent at the Washington Corrections Center during all the dates mentioned in this complaint.

2. As the Superintendent, Defendant Waddington is responsible for all employees of the Washington Corrections Center.

3. Therefore, because Defendant Waddington is responsible for all employees of the Washington Corrections Center, he has become liable and responsible for any and all injuries caused by either directly or indirectly the staff at the Washington Corrections Center.

4. According to Plaintiff's records, Defendant Scott Russell was the Superintendent at the Washington Corrections Center during all the dates mentioned in this complaint.

5. As the Superintendent, Defendant Russell is responsible for all employees of the Washington Corrections Center.

6. Therefore, because Defendant Russell is responsible for all employees of the Washington Corrections Center he has become liable and responsible for all injuries caused by either directly or indirectly the staff at the Washington Corrections Center.

7. The Plaintiff can show how each of the above named Defendants have become personally involved in this case. Due to policies or lack of procedures created by DOC.

IX. PRAYER FOR RELIEF:

WHEREFORE, Plaintiff respectfully pray that this court enter Judgment:

1. Granting Plaintiff Hahn a Declaration that the acts and omissions described herein, violate his rights under the Constitution and Laws of the United States, and

2. Granting damages for the Plaintiff, in an amount to be determined at a future trial, (if any), both compensatory and punitive.

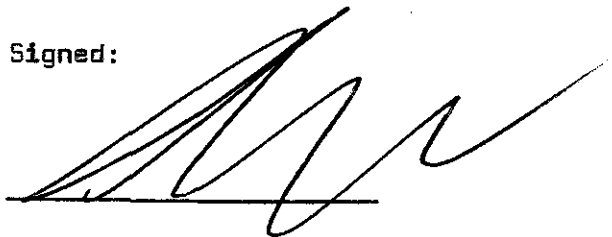
3. An award of Attorney fees, and costs pursuant to title 42 U.S.C. § 1988.

4. Such other relief as the Court deems just, and proper.

5. Plaintiff seeks a jury on all issues triable by Jury.

Date: 1-10-14

Signed:

A handwritten signature in black ink, appearing to be 'A. Hahn', written over a horizontal line.

Respectfully Submitted,

Aaron Hahn 332715
Washington State Penitentiary
1313 N. 13th Ave
Walla Walla, WA. 99362

Civil Rights Complaint

(15)

X. VERIFICATION:

Pursuant to title 28 U.S.C. § 1746, I, Aaron Michael Hahn, the Plaintiff
proceeding Pro Se, in this Civil Rights Action, do hereby declare, and
certify under the penalty of perjury, that the alleged matters described
therein, are true, except as to matters alleged upon information and belief
and, as to those, I believe them to be true.

Executed at Walla Walla, Washington on Jan 10-2014

XI. CONCLUSION:

For the foregoing reasons', and facts', the Plaintiff respectfully requests
that this court grant the relief that is due to the Plaintiff, in the
interest of the fair/balanced justice, and in order to hold the Defendants
accountable for their personal actions, or lack thereof.

It is so prayed.

Respectfully submitted this 10 day of Jan, 2014.

cc. Plaintiff's File
Court Clerk's File
Defendant's File

Civil Rights Complaint

(16)

Exhibit 1

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.ANY ALTERATIONS IN SHADED
AREAS RENDER FORM VOID**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

1. NAME (Last, First, Middle) HAHN, AARON MICHAEL		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. 515 02 2956	
4.a GRADE, RATE, OR RANK PVI	4.b PAY GRADE E1	5. DATE OF BIRTH (YYYYMMDD) 19790914		6. RESERVE OBLIG. TERM. DATE Year 0000 Month 00 Day 00	
7.a PLACE OF ENTRY INTO ACTIVE DUTY PORTLAND, OR		7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 15400 SE EAST AVE #2 MILWAUKIE, OR 97267			
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND 0005RIN BN - 01 RIFLE CO B FC		8.b STATION WHERE SEPARATED FORT LEWIS, WA - 98433			
9. COMMAND TO WHICH TRANSFERRED NA				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 250,000.00	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 11B10 00 INFANTRYMAN--0 YRS-8 MOS//NOTHING FOLLOWS		12. RECORD OF SERVICE		Year(s)	Month(s)
		a. Date entered AD This Period		2002	04
		b. Separation Date This Period		2003	03
		c. Net Active Service This Period		0000	11
		d. Total Prior Active Service		0000	00
		e. Total Prior Inactive Service		0000	00
		f. Foreign Service		0000	00
		g. Sea Service		0000	00
h. Effective Date of Pay Grade		2002	12	10	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL//ARMY SERVICE RIBBON//NOTHING FOLLOWS					
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) NONE//NOTHING FOLLOWS					
15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b HIGH SCHOOL GRADUATE OR EQUIVALENT	
			X	Yes	
			X	16. DAYS ACCRUED LEAVE PAID NONE	
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
18. REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OF COMPLIANCE FOR FEDERAL BENEFITS//MEMBER HAS NOT COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS					
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 401 PARK SPRINGFIELD, CO 81073			19.b NEAREST RELATIVE (Name and address - include Zip Code) CARL ROBERTS 416 NE 128TH PORTLAND, OR 97030		
20. MEMBER REQUESTS COPY 4 BE SENT TO CO. DIR OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			22. OFFICIAL AUTHORIZED TO SIGN (Type name, grade, title and signature) DARRY H. [Signature], CPT, CHIEF, TRANSITION CENTER		
21. SIGNATURE OF MEMBER BEING SEPARATED [Signature]					

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)		
23. TYPE OF SEPARATION DISCHARGE	24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY AR 635-200, PARA 5-13	26. SEPARATION CODE JFX	27. REENTRY CODE 3
28. NARRATIVE REASON FOR SEPARATION PERSONALITY DISORDER		
29. DATES OF TIME LOST DURING THIS PERIOD NONE		30. MEMBER REQUESTS COPY 4 In/Outs

Exhibit 2

This first section is an example of the record layout. On the first 4 records, I have added an extra line between the records and also heighted the FROM: line. There are 33 InfoPort Manager messages sent TO/FROM inmate 332715 from 12/2/2009 to 3/1/2010.

INFOPORT MANAGER

FROM

TO

MESSAGETEXT

STATUS SENDTIME

DELIVERYDATE

HAHN, AARON MICHAEL (332715)

MARTIN, ROBERT

TO WALLAWALLA WHEN I SEE YOU SOON I WILL EXPLAIN WHY

Closed 2009-12-18 10:13:36.898001 NULL

HAHN, AARON MICHAEL (332715)

MARTIN, ROBERT

JUST SEND ME ANYWHERE BUT I DO HAVE QUESTIONS AND A CELLY REQUEST

Closed 2009-12-19 14:36:25.682000 NULL

MARTIN, ROBERT

HAHN, AARON MICHAEL (332715)

You were put in for WSP.

Viewed 2009-12-22 07:04:38.299000 2009-12-22

MARTIN, ROBERT

HAHN, AARON MICHAEL (332715)

I don't do celly request but if you have an issue contact the Unit Sgt. or CUS.

Viewed 2009-12-22 07:06:26.035004 2009-12-22

HAHN, AARON MICHAEL (332715)

MARTIN, ROBERT

OK THAT IS FINE I REALLY DO NEED TO GO TO CBCC WSP WILL NOT WORRK PLEASE MAKE CBCC WORK AND WHAT SGT? OF R4? ORR WHEN I GET TO MY INSTITUTION?

Closed 2009-12-22 10:42:04.929000 NULL

MARTIN, ROBERT

HAHN, AARON MICHAEL (332715)

The unit that you reside it, R4.

Viewed 2009-12-23 16:41:36.334004 2009-12-23

HAHN, AARON MICHAEL (332715)

MARTIN, ROBERT

MIKE ARMSTRONG WILL BE HERESOOON I DONT WANT HIM BY ME

Closed 2009-12-31 15:16:54.134000 NULL

HAHN, AARON MICHAEL (332715)

MARTIN, ROBERT

WHEN WILL I KNOW WHERE I AM GOING? ARE THEY SENDING PEOPLE TO COLORADP? IT IS OK IF I DO NOT HAVE A SEPRATEE WITH NORRMAN LIVINGOOD BUT I DO WANT ONE WITH MIKE ARMSTRONG THANKS.

Closed 2010-01-01 10:39:00.395000 NULL

HAHN, AARON MICHAEL (332715)

MARTIN, ROBERT

WHAT IS THIS MENTAL HEALTH COURT? AM I APPROVED FOR ANYWHERE YETT?

Closed 2010-01-02 14:36:04.982000 NULL

HAHN, AARON MICHAEL (332715)

MARTIN, ROBERT

IAM WONDERING WHY IHAVE 22 POINTS. DO I HAVE A WARRENT? WHAT IS MY CAISE NUMBRRS\

Closed 2010-01-03 10:36:10.880001 NULL

MARTIN, ROBERT

HAHN, AARON MICHAEL (332715)

DOC has over 6 Mike Armstrongs, you will have to find out his middle name or have number.

Viewed 2010-01-04 07:33:59.526003 2010-01-04

MARTIN, ROBERT

HAHN, AARON MICHAEL (332715)

No, not yet.

Viewed 2010-01-04 07:43:13.568004 2010-01-04

MARTIN, ROBERT

HAHN, AARON MICHAEL (332715)

10 points for Felony warrant- Assault 4th DV, 20 point- Current crime and 5 points for prior history of violence= 35 57-36=22 points.

Viewed 2010-01-04 07:51:28.984004 2010-01-04

HAHN, AARON MICHAEL (332715)

MARTIN, ROBERT

NULL

Closed 2010-01-04 14:56:27.782000 NULL

HAHN, AARON MICHAEL (332715)

MARTIN, ROBERT

WEHRER S Y WA4RRENT FRPM? WHY DIDINT THY TEE-I- ME IN COUNTY\ HPW DP I GET THE WARRENT TAKEN CARE PF\?

Closed 2010-01-04 14:58:32.691000 NULL

HAHN, AARON MICHAEL (332715)

MARTIN, ROBERT

WE--

Closed 2010-01-04 14:59:00.597000 NULL

HAHN, AARON MICHAEL (332715)

MARTIN, ROBERT

WE--LL HE IS THE PN-Y OONE FROM C-LLALLAM COUNTY. PLEASE UT HIM INR5

Closed 2010-01-04 15:00:37.193000 NULL

HAHN, AARON MICHAEL (332715)

MARTIN, ROBERT

WHAT IS MENTA- HEALTH COURT\??

Closed 2010-01-04 15:01:36.272000 NULL

MARTIN, ROBERT

HAHN, AARON MICHAEL (332715)

I don't know what you are talking about? I never heard of mental health court. Are you talking 'Civil Commitment' or 'Criminally Insane' sentence?

Viewed 2010-01-05 06:46:56.488001 2010-01-05

HAHN, AARON MICHAEL (332715)

MARTIN, ROBERT

I HAVE NO IDA I HEARD IT FROM AN ONMATE

Closed 2010-01-06 10:38:54.633000 NULL

HAHN, AARON MICHAEL (332715)

MARTIN, ROBERT

WHEN WILL I BE FINALIZED?

Closed 2010-01-13 14:01:16.397001 NULL

MARTIN, ROBERT

HAHN, AARON MICHAEL (332715)

5-6 weeks after you were classified.

Viewed 2010-01-14 08:45:07.505004 2010-01-14

HAHN, AARON MICHAEL (332715)

MARTIN, ROBERT

WHAT DATE WAS I CLASSIFIED\??

Closed 2010-01-14 14:44:00.013000 NULL

MARTIN, ROBERT

HAHN, AARON MICHAEL (332715)

12/18/09.

Viewed 2010-01-15 09:33:21.236004 2010-01-15

HAHN, AARON MICHAEL (332715)

Mailbox: Inmate Banking

CAN I GET A RECIEPT OF THE THINGS I BOUGHT IN HERE SINCE 12\02\09? PLEASE

Viewed 2010-01-20 10:12:44.428000 NULL

OLSSON, MAILE

HAHN, AARON MICHAEL (332715)

These details are available on your statement. Did you not recieve a December statement in the beginning of this month? We can provide one for you.

MO

Viewed 2010-01-21 14:17:31.869004 2010-01-21

PRICE, CALINA

HAHN, AARON MICHAEL (332715)

Please contact offender store.

ci

Viewed 2010-01-21 14:21:41.792005 2010-01-21

HAHN, AARON MICHAEL (332715)

Mailbox: Inmate Banking

NO I DID NOT GET ONE PLEASE SEND ONE

Viewed 2010-01-23 13:40:03.755000 2010-01-23

HAHN, AARON MICHAEL (332715)

MARTIN, ROBERT

CAN I LEAVE SHELTON NOW PLEASE? HASNT IT BEEN 5-6 WEEKS? SHOULDNT I BE GONE IN A FEW DAYS?

Closed 2010-01-23 13:41:47.926000 NULL

HAHN, AARON MICHAEL (332715)

ADMIN

~~WHEN WILL I BE FINALIZED? I AM TIRED OF SHELTON. IT HAS BEEN 8 WEEKS SINCE I GOT TO SHELTON.~~

~~PEOPLE WHO GOT HERE AFTER ME ARE LEAVING.~~

Unread 2010-01-27 10:05:25.540000 NULL

PRICE, CALINA

HAHN, AARON MICHAEL (332715)

I will forward a December statement and a January statement to you.

ci

Viewed 2010-01-27 15:34:57.518004 2010-01-27

HAHN, AARON MICHAEL (332715)

ADMIN

I NEED A SEPRATEE WITH ANDREW WHITMIRE AND JEREMIAH ANDERSON BOTHARE PART OF THE GROUPTHAT STABBED ME. THANKS.

Unread 2010-01-31 13:52:54.418000 NULL

HAHN, AARON MICHAEL (332715)

ADMIN

WHY HAVENT IBEEN FINALIZED YET? IT HAS BEEN OVER 6 WEEKS SINCE MY CLASSIFICATION. IM TIRED OF SHELTON.

Unread 2010-02-09 09:46:13.092001 NULL

33 Row(s) affected

Exhibit 4



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

USE OF FORCE REPORT

Offender Name Repp, Dennis #338561			
Facility/Location WSP WC Education	Date 04/26/10	Time 2036	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.

DETAILED DESCRIPTION OF INCIDENT

On 04/27/10 A fight was called in the WC Education between I/M Repp, Dennis #338561 and Hahn Aaron # 332715. This was in the W/C library I/M Repp stepped up to I/M Hahn # 332715 (who is a library worker) and assaulted him with closed fist punches. I/M Hahn never saw it coming and never threw a punch. C/O Davis was the first officer in and he ordered the I/M's to stop fighting. I/M Repp look at him and then continued to hit Hahn with closed fist punches. C/O Davis then placed his hand on I/M's Repp's upper torso and pushed him off I/M Hahn and then placed him on the ground. C/O Arevalo then assisted C/O Davis in placing the restraints on I/M Repp. Sgt. D. Smith and C/O Gens then escorted I/M Repp from the library to the W/C Shift office. I/M Hahn who was on the ground was placed in restraints by C/O Hall. I/M Hahn needed immediate medical attention and RN Hawkins responded from Delta Unit. RN Hawkins said that I/M Hahn would need Some stitches so I/M Hahn was escorted to Echo Unit by C/O Gens and C/O Davis.

OFFENDER DESCRIPTION OF INCIDENT

I/M Repp, Dennis #338561 had no comment on the force used.

INJURIES

On the above date and approx. time the above inmate was seen by RN Jabgat for assessment after a altercation in the W.C. Education library. He had a small cut on his left middle finger and his right hand had a scratch on his ring and pinkie finger. I/M Hahn was seen by RN Hawkins and he was bleeding from wound to bridge of nose and between the eye brows. Steri strips were applied to the wound between his eyes, the wound to his required stitches. He was swollen and bruised to the upper jaw with extended Bruised area to upper mid forehead. Area of bruising below right ear. Small red area to top scalp, no bleeding. Provider S. Nelsner came into Echo unit and put 7 stitches to close the wound to his nose.

Restraints Used	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Type Handcuffs	
Checked By Medical Staff	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Time 2036	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
		Medical Staff Name(s) RN Hawkins RN Jabgat	
NAME(S) OF STAFF MEMBERS DIRECTLY INVOLVED			
NAME	TITLE	INVOLVEMENT	
C/O Davis, D	C/O	Use of Force	
	C/O	Use of Force	
		Use of Force	

Sgt. Dereesa Smith # 7294
Supervisor completing Report (Print Name)

Sgt. Dereesa Smith 7294
Supervisor completing Report (Signature)

Exhibit 9

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

INITIAL SERIOUS INFRACTION REPORT

Date of Infraction 04/26/10	Offender Name (Last, First) Repp, Dennis	DOC Number 338561	Housing Assignment 4-D-5
Rule Violation #(s) 502			
Time Occurred 2036	Place of Incident (Be Specific) West Complex - Education Dept- Library		Date Occurred 04/26/10
Witness (1) Librarian Baker, Jean	Days Off	Witness (3)	Days Off
Witness (2)	Days Off	Witness (4)	Days Off

NARRATIVE

State a concise description of the details of the rule violations, covering all elements and answering the questions of When? Where? Who? What? Why? and How? Describe any injuries, property damage, use of force, etc. Attach all related reports.

On 04/26/10 at approximately 2036 it was announced that there was a fight in the Library. QRST arrived and observed I/M Repp, Dennis #338561 striking I/M Hahn, Aaron #332715 numerous times with close fists punches and kicks to the upper torso. Specifically the head. I Lt. McKeown, reviewed the video, it clearly shows I/M Repp, work his way up to where I/M Hahn was walking and without provocation punch I/M Hahn in the face and then continue punching and kicking I/M Hahn until responding staff arrived. Force was necessary to separate I/M Repp from I/M Hahn by placing him on the floor where restraints were applied. I/M Hahn needed medical treatment to numerous cuts and abrasions to his face. I/M Repp was escorted to the Shift Holding Cell, assessed by medical then escorted to Unit 4 on Ad-Seg placement.

Reporting Staff Name (Last, First) (Print Name) Lt. Patrick McKeown #7156		Shift 1st	Days Off Tue-Wed-Thur
Evidence Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Evidence Case Number 210-299	Evidence Locker Number #31	Photo Submitted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Disposition Of Evidence (If Not Placed In Locker)		Placed In Pre-Hearing Confinement <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
NAME(S) OF ALLEGED VICTIMS OF THIS INCIDENT			
Last, First 1) Hahn, Aaron	Staff <input type="checkbox"/>	Volunteer/Visitor/Other <input type="checkbox"/>	Offender <input checked="" type="checkbox"/> DOC# 332715
Last, First 2)	Staff <input type="checkbox"/>	Volunteer/Visitor/Other <input type="checkbox"/>	Offender <input type="checkbox"/> DOC#
RELATED REPORTS ATTACHED <input type="checkbox"/> Supplemental <input type="checkbox"/> Background Memos <input type="checkbox"/> Staff Witness Statements <input type="checkbox"/> Medical <input type="checkbox"/> Tele-Incident <input type="checkbox"/> Use of Force <input type="checkbox"/> Other (Specify)			

Reporting Staff Signature <i>P. McKeown</i> #7156	Date 4/26/10
Infraction Review Officer Signature	Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

Distribution: ORIGINAL- Central File COPY-Hearing Officer, Offender, Counselor, Board
DOC 17-076 (Rev. 12/19/08)

DOC 460.000, DOC 580.655
[4-4233], [4-4236]



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS



INITIAL SERIOUS INFRACTION REPORT

Date of Infraction 04/26/10	Offender Name (Last, First) Repp, Dennis	DOC Number 338561	Housing Assignment 4-D-5
Rule Violation #(s) 502			
Time Occurred 2036	Place of Incident (Be Specific) West Complex - Education Dept- Library		Date Occurred 04/26/10
Witness (1) Librarian Baker, Jean	Days Off	Witness (3)	Days Off
Witness (2)	Days Off	Witness (4)	Days Off

NARRATIVE	
<p>State a concise description of the details of the rule violations, covering all elements and answering the questions of When? Where? Who? What? Why? and How? Describe any injuries, property damage, use of force, etc. Attach all related reports.</p> <p>On 04/26/10 at approximately 2036 it was announced that there was a fight in the Library. QRST arrived and observed I/M Repp, Dennis #338561 striking I/M Hahn, Aaron #332715 numerous times with close fists punches and kicks to the upper torso. Specifically the head. I Lt. McKeown, reviewed the video, it clearly shows I/M Repp, work his way up to where I/M Hahn was walking and without provocation punch I/M Hahn in the face and then continue punching and kicking I/M Hahn until responding staff arrived. Force was necessary to separate I/M Repp from I/M Hahn by placing him on the floor where restraints were applied. I/M Hahn needed medical treatment to numerous cuts and abrasions to his face. I/M Repp was escorted to the Shift Holding Cell, assessed by medical then escorted to Unit 4 on Ad-Seg placement.</p>	

Reporting Staff Name (Last, First) (Print Name) Lt. Patrick McKeown #7156		Shift 1st		Days Off Tue-Wed-Thur	
Evidence Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Evidence Case Number 210-299	Evidence Locker Number #31	Photo Submitted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Disposition Of Evidence (If Not Placed In Locker)			Placed In Pre-Hearing Confinement <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
NAME(S) OF ALLEGED VICTIMS OF THIS INCIDENT					
Last, First 1) Hahn, Aaron	Staff <input type="checkbox"/>	Volunteer/Visitor/Other <input type="checkbox"/>	Offender <input checked="" type="checkbox"/>	DOC# 332715	
Last, First 2)	Staff <input type="checkbox"/>	Volunteer/Visitor/Other <input type="checkbox"/>	Offender <input type="checkbox"/>	DOC#	
RELATED REPORTS ATTACHED <input type="checkbox"/> Supplemental <input type="checkbox"/> Background Memos <input type="checkbox"/> Staff Witness Statements <input type="checkbox"/> Medical <input type="checkbox"/> Tele-Incident <input type="checkbox"/> Use of Force <input type="checkbox"/> Other (Specify)					

Reporting Staff Signature <i>P. McKeown</i>	Date 4/26/10
Infraction Review Officer Signature <i>P. McKeown</i>	Date 4/26/10

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DOC 17-076 (Rev. 12/19/08)

DOC 460.000, DOC 580.655
[4-4233], [4-4236]

Exhibit 4

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

SEGREGATION AUTHORIZATION

Offender's Name Repp, Dennis	DOC Number 338561	Facility WSP-WC	Date Placed in Segregation 04/26/10
---------------------------------	----------------------	--------------------	--

Section I	
REASON FOR PLACEMENT: <input checked="" type="checkbox"/> THREAT TO OTHERS/SELF/SECURITY <input type="checkbox"/> OWN REQUEST <input checked="" type="checkbox"/> INFRACTION SUBMITTED <input type="checkbox"/> SUMMARY OF CONFIDENTIAL INFORMATION <input type="checkbox"/> OTHER (Explain)	SPECIAL INSTRUCTIONS: <input type="checkbox"/> SPECIAL DIET <input type="checkbox"/> MEDICATIONS (List Rx) <input type="checkbox"/> OTHER (Explain)

Sgt. Dereesa Smith
Requesting Staff MemberLt. Patrick McKeown #7156
Signature of Authorizing Lieutenant/Correctional Unit Supervisor

Section II	
SPECIFIC REASONS FOR PLACEMENT AND RECOMMENDATION TO SUPERINTENDENT At approximately 2036 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. on 04/26/10 offender Hahn was placed in <input checked="" type="checkbox"/> Administrative Segregation pursuant to WAC 137-32-005 and/or was placed in <input type="checkbox"/> Pre-Hearing Confinement per WAC 137-28-280 due to infraction(s). Details for reason(s) for placement are as follows: I/M Repp assaulted I/M Hahn with numerous close fist punches and kicks. At no time did I/M Hahn fight back. This incident took place in the WC Education Dept. Library.	

Reviewed and Approved By: (Superintendent/Designee)	Date	C/O Davis, D. / C/O Arevalo
		Escorting Staff

Section III	
NEXT ACTION DUE BY: Date:	NOTIFICATION OF INITIAL REVIEW: Serve DOC 05-797 now Time: Date:

Offender's Signature	Date
----------------------	------

Signature of Serving/Reporting Staff	Date
--------------------------------------	------

Offender Refuses to Sign—Witness Signature	Date
<i>The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.</i>	

Distribution: Original- Central File COPY - Hearing Office, Seg Unit Supervisor, Superintendent, Offender

Hahn
Aaron 332718
01-14-79
Exhibit B

DATE (m/d/yyyy)	TIME (24-hr)	FACILITY	UNIT	ALLERGIES	PLAN / RX
4-26-10	2100	Wp	D	NKOT	Suture removal 7 days - Tylenol 325 iii po now Ibuprofen 600mg po now then Tylenol 325mg ii po TID prn X3 days
<p>S. Pt sustained facial trauma - cto headache + @ forehead pain - O. Jagged irregular laceration across nasal bridge 1cm x 1cm. Shallow laceration at top of nasal bridge + multiple abrasions/decubitus on @ forehead + temple. A. Nasal laceration + facial contusion/abrasions to right - P. Procedure explained - verbal consent obtained. 3cc 1% Lidocaine injected into wound. Betadine Scrub x 3.</p>					

Hahn, Aaron
#332718

DATE (m/d/yyyy)	TIME (24-hr)	FACILITY	UNIT	ALLERGIES	PLAN / RX
#1	6-0	Prolene	Si		Sutures placed to close wound. Wound cleaned + bandaged - Tylenol + Ibuprofen po prn. See orders for Rx + suture removal orders -

4/26/10 2036 - I/m seen in library for
post altization assessment. He is alert and
oriented x3. Sliding from wound to ridge of
nose and between eyebrows. Bruising
noted to left upper jaw, swelling to left lateral

Hahn, Aaron
#332718

DATE (m/d/yyyy)	TIME (24-hr)	FACILITY	UNIT	ALLERGIES	PLAN / RX
					forehead. Bruise to mid upper forehead. Small triangular wound between brows, minimal bleeding. steri strips applied. Bridge of nose wound is tri- angular, 1/2" deep, will need stitches. Bruising to left ear and below, red area below ear, small red area to top of head, no bleeding. Bruising under @ eye present. Pupils are reactive, equal. Provider called. S. PRISON A&P - Come into E unit to apply stitches. 7 stitches were used to bridge of nose. n/c's administered for pain 4/m tolerated procedure well. K. Hahn RN

COPY

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

INCIDENT REPORT

☐ Confidential

DATE/TIME OF INCIDENT 04/26/10 2036	OFFENDERS INVOLVED Hahn, Aaron	DOC NUMBER 832715	LIVING UNIT D
LOCATION Library	WITNESSES		
USE OF FORCE INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
<p>DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.</p> <p>Inmate first assessed in library for post altercation injuries. He is alert and orientated appropriately, bleeding from wound to bridge of nose and between eye brows. Steri-strips to wound between eyes, wound to nose will require stitches. Swollen and bruised area to upper left jaw with extended bruising around left lateral forehead extending under left eye. Bruised area below left ear and to his left ear, no swelling. Bruised area to upper mid forehead. Area of bruising below right ear, no swelling. Small red area to top of scalp, no bleeding. Pupils are equal and reactive appropriately. Provider S. Neisner ARNP came into E unit and put in 7 stitches to close wound to nose.</p>			

IMMEDIATE ACTION TAKEN:

Assessed, wounds cleansed, steri-strips applied, 7 stitches to bridge of nose. Meds were given in clinic for pain.

Ken Hawkins
 STAFF SIGNATURE DATE 04/26/10

R.N.
 TITLE

Ken Hawkins
 STAFF NAME (Please Print)

TO BE COMPLETED BY CHIEF INVESTIGATOR

DATE/TIME RECEIVED		INCIDENT NUMBER
INVESTIGATION ASSIGNED TO	BY	DATE

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Distribution: WHITE - Chief Investigator CANARY - Executive Team Member PINK - Originator GOLDENROD - Immediate Supervisor
 DOC 21-917 (Rev. 2/07/07)



SA 9/15/13



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

DISCIPLINARY HEARING MINUTES AND FINDINGS

Infraction Group Number: 1

Offender Name (Last, First)
REPP, Dennis W.DOC Number
338561Date of Hearing
5/11/2010Time of Hearing
0730Violation Date
4/26/2010

Waived 24 Hours Notice

☐ Yes☒ No

Waived Appearance

☐ Yes☒ NoOFFENDER'S PLEA: Guilty 502

Not Guilty

INTERPRETER:

☐ Yes☒ No

Name:

STAFF ADVISOR:

☐ Yes☒ No

Name:

COMPETENCY CONCERN:

☐ Yes☒ No

HEARING IMPAIRED:

☐ Yes☒ No

WITNESS STATEMENT RETURNED:

☐ Yes☒ No

WITNESS/STATEMENT DENIED:

☐ Yes☒ No

Reason:

5/11/10 clerical error on hearing notice infraction listed as 505
on infraction itself for 502 - changed hearing notice to correspond
of infraction

SUMMARY OF TESTIMONY (LIST WITNESSES TESTIFYING) / EVIDENCE USED / FINDINGS / REASONS FOR CONTINUANCES, DECISIONS, AND
SANCTIONS/ANY RELEVANT INFORMATION):

He had it coming - I'm not going to say what this
was about

Infraction / 8 Incident Reports / 14 photos / DVD

LIST EACH WAC 137-28 RULE VIOLATION SEPARATELY					
VIOLATION NO.	FINDING		FINDING DISMISSED	FINDING REDUCED	REASON
	GUilty	NOT GUILTY			
502	X				written staff testimony / 1/m's statement & guilty plea DVD does show 1/m attack another 1/m and continue to hit & kick this 1/m while 1/m is down causing substantial injuries - guilty 502

SANCTION(S): 10 150 / 30 seg / loss 180 days good time - 2yr loss
credit for time served - CD evidence weight lifting

REASON FOR SANCTION(S):

within DOC Policy guide lines

RECOMMENDATIONS (Non-Sanction):

I HAVE RECEIVED A COPY OF THIS FORM

He is released to the care of - 5/11/10

Offender or Staff Witness Signature

Date

Time

Hearing Officer Signature

5/11/10

0915

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Distribution: ORIGINAL-Central File COPY-Hearing Officer, Offender
DOC 21-312 (Rev. 3/23/09)

DOC 320.150, DOC 460.000
[4-4236], [4-4245]

PAGE ____ OF ____

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

FORM B

SERIOUS INFRACTION REPORT

Facility: WSP-Main

Infraction Group Number: 1

STAFF REPORT

Name: REPP, Dennis W.

DOC #: 338561

Date: 4/26/2010

Number of rule(s) violated: 502 - AGGRAVATED ASSAULT/INMATE

Time: 2036

Place: Education

Details in full: On 4/26/10 at approximately 2036 it was announced that there was a fight in the Library. QRST arrived and observed IM Repp, Dennis #338561 striking IM Hahn, Aaron #332715 numerous times with closed fists punches and kicks to the upper torso. Specifically the head. I Lt. McKeown, reviewed the video, it clearly shows IM Repp, work his way up to where IM Hahn was walking and without provocation punch IM Hahn in the face and then continue punching and kicking IM Hahn until responding staff arrived. Force was necessary to separate IM Repp from IM Hahn by placing him on the floor where restraints were applied. IM Hahn needed medical treatment to numerous cuts and abrasions to his face. IM Repp was escorted to the Shift Holding cell, assessed by medical then escorted to Unit 4 on Ad Seg placement.

Witnesses:

PATRICK K. MCKEOWN

Reporting Staff (Print)

Reporting Staff Signature

FACT FINDING DURING HEARING

Was offender informed of right to remain silent? ☒ Yes ☐ No

Date of Hearing: 5/11/2010

RECEIVED

PLEA: NOT GUILTY

MAY 20 2010

GUILTY 502

WSP/MSR RECORDS

NO PLEA

Did the offender make statement after being informed of his/her rights? ☐ Yes ☐ No

If so, what? 5/11/10 Clerical error on hearing noticed, infraction listed as 505 on infraction itself for 502-changed hearing notice to correspond w/ infraction. He had it coming - I'm not going to say what this was about. Infraction/8 Incident Reports/14 Photos/DVD.

DECISION

Finding: NOT GUILTY

DISMISSED

GUILTY 502

REDUCED

Facts and evidence found: Written staff testimony/IM's statement & guilty plea. DVD does show IM attack another IM and continue to hit & kick this IM while IM is down, causing substantial injuries. Guilty 502.

Sanction(s): 10 days isolation applied

30 days segregation applied

180 days loss of good conduct time applied

loss of weightlifting privileges applied

Reason for sanction(s): Within DOC Policy guidelines.

Recommendations (Non-Sanction): CREDIT FOR TIME SERVED

Hearings Officer

Superintendent

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Distribution: ORIGINAL - Central File COPY - Offender, Board, Counselor, Hearing Officer
DOC 20-051 (Rev. 12/19/08)

DOC 460.000

Exhibit 1

A-0410-76

OTS0310

WASHINGTON DEPARTMENT OF CORRECTIONS
INCIDENT REPORTDATE: 04/27/10
TIME: 10:28.25NO:14503 TYPE:ASLT I/M WO-WP WO-HSP
TYPE:USE OF FORCESTAFF REPORTING:LT. P. MCKEOWN
TYPE:

OCCURRED ON: 04/26/10 AT 08:36PM

REPORTED ON: 04/26/10 AT 09:05PM

LOCATION: WASH STATE PEN

CONFIDENTIAL: NO

PLACE: EDUCATION DEPARTMENT

WC EDUCATION DEPT. LIBRARY

OFFENDERS INVOLVED

INJ HOS

STAFF INVOLVED

INJ HOS

332715 HAHN, AARON M.

Y N

SGT. SMITH, DEREESA

N N

338561 REPP, DENNIS W.

Y N

LIBRARIAN BAKER, JEAN

N N

C/O GEARNIS, KENNETH

N N

C/O DAVIS, DUSTIN

N N

C/O AREVALO, ANTONIO N N

DESCRIPTION:

ON 04-26-10 AT APPROX. 2036 HRS. A FIGHT WAS CALLED BY INSTITUTION RADIO IN THE EDUCATION DEPT LIBRARY. LIBRARIAN BAKER OBSERVED THE FIGHT & HIT THE EMERGENCY BUTTON ALARMING CORRECTIONAL STAFF OF THE INCIDENT. AS EDUCATION COS AND QRST ARRIVED IT WAS OBSERVED THAT I/M REPP WAS ON TOP OF I/M HAHN STRIKING HIM NUMEROUS TIMES TO THE UPPER TORSO AREA. FORCE WAS USED TO PLACE I/M REPP ON THE FLOOR AND THEN RESTRAINTS WERE PLACED ON HIM. I/M REPP WAS ESCORTED TO THE SHIFT HOLDING CELL. 911 WAS CALLED DUE TO THE INJURIES OBSERVED TO THE FACE OF I/M HAHN. RN HAWKINS RESPONDED TO THE SCENE TO ASSESS THE SITUATION. IT WAS DETERMINED TO TRANSPORT I/M HAHN TO THE EXAM ROOM IN ECHO UNIT. THE PROVIDER LPN NEISNEER RESPONDED TO ECHO UNIT AND TREATED I/M HAHN WITH NUMEROUS STITCHES TO THE WOUND ON HIS NOSE. I& I JACKSON WAS NOTIFIED. THE CRIME SCENE WAS PRESERVED PENDING ITS RELEASE BY I& I JACKSON. CRIME SCENE RELEASED AT 2130 HRS. RN JABAGAT ASSESSED I/M REPP AND NOTES SMALL CUT AND SCRATCHES TO THE KNUCKLES TO BOTH HANDS. RN HAWKINS ASSESSED I/M HAHN AND NOTES NUMEROUS BRUISES AND CUTS TO THE FACE AND HEAD AREA. I/M HAHN WAS INTERVIEWED BY I& I JACKSON. I/M REPP WAS INTERVIEWED BY LT. MCKEOWN AND I& I JACKSON I/M REPP STATED THAT THE DUDE WAS TALKING HIS MOTHER IN A WHEEL CHAIR, THAT'S WHY HE DID WHAT HE DID. VIDEO WAS REVIEWED BY I& I JACKSON AND LT. MCKEOWN, IT CLEARLY SHOWS I/M REPP WATCH I/M HAHN UNTIL IT WAS OBSERVED THAT I/M REPP WALKED UP TO I/M HAHN WHO WAS NOT EXPECTING ANYTHING AND BLINDSIDED HIM WITH A CLOSE FIST PUNCH TO THE FACE AND THEN CONTINUED THE ASSAULT WITH NUMEROUS PUNCHES AND KICKS UNTIL RESPONDING STAFF SEPARATED THEM. NOTE: AT NO TIME DID I/M HAHN FIGHT BACK IN ANY MANNER. BOTH PLACED ON AD-SEG; I/M REPP FOR AGGRAVATED ASSAULT ON ANOTHER I/M AND I/M HAHN FOR HOUSING REVIEW. BLOOD/BODY FLUIDS CLEANED UP PER POLICY. VIDEO, PHOTOS AND ALL DOCUMENTATION FORWARDED UP THE CHAIN OF COMMAND FOR REVIEW. ADDITIONAL INDIVIDUAL INVOLVED: CO HALL, TYLER; RN HAWKINS, KEN; RN PLACIDO, JABAGAT.

PROPERTY DAMAGE: NO APPROXIMATE COST: \$ 0

OTHER AGENCIES CONTACTED: DATE: N/A

TIME: N/A

N/A

HOSP NAME:

FOLLOWUP RPT: NO AGAINST: INMATE

----- OFFENDERS INVOLVED -----

NAMES: HAHN, AARON M.

DOC NO: 332715 CLASS: CLOSE

LAST KNOWN ADDR: UNKNOWN

DOB: 09/14/1979 SEX: M RACE: WHITE HISP. ORIG: N REL. DATE: 07/03/2025

MSC: MURDER I

COUNTY: CLALLAM

RECEIVED WCC-R: 12/02/09

TRANSFER TO PRESENT FACILITY: 02/11/10

Della
-8

VIC/WIT ELIGIBLE: YES

FBI NO: 188839KB9

SSA NO: 516-02-2956

SID NO: 24431894

NAMES: REPP, DENNIS W.

DOC NO: 338561 CLASS: CLOSE

LAST KNOWN ADDR: UNKNOWN

DOB: 12/02/1985 SEX: M RACE: WHITE HISP.ORIG: N REL.DATE: 04/03/2032

MSC: ROBBERY 1 COUNTY: COWLITZ

RECEIVED WCC-R: 02/26/10 TRANSFER TO PRESENT FACILITY: 04/08/10

VIC/WIT ELIGIBLE: YES

FBI NO: 480976JC8

SSA NO: - -

SID NO: 22864534

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

DISCIPLINARY HEARING NOTICE/APPEARANCE WAIVER

FORM C

Infraction Group Number: 1

Offender Name REPP, Dennis W.	DOC Number 338561	Facility WSP-Main	Date 5/7/2010
Type of Review <input checked="" type="checkbox"/> Disciplinary	Hearing Scheduled For: 5/11/2010 Date	Location WSP-Main	Time 0730

REASON FOR HEARING (Include all Allegations of Misconduct, if Appropriate)

~~505 - Fighting with any person.~~

502 Aggravated Assault on another offender

Interpreter Name/Date



I HAVE BEEN PROVIDED A CERTIFIED SIGN LANGUAGE INTERPRETER

I HAVE BEEN PROVIDED WITH A SPANISH TRANSLATION OF THE CHARGES AGAINST ME ON
SE ME HA DADO UNA TRADUCCION AL ESPANOL DE LOS CARGOS EN ME CONTRA EL DIA

Date/FETCHA

AT

Time/HORA

Offender Signature/FIRMA DE OFENSOR

OFFENDER RIGHTS:

- ☒ YOU HAVE THE RIGHT TO REMAIN SILENT AT THE HEARING. IF YOU CHOOSE TO REMAIN SILENT, YOUR SILENCE MAY BE USED AGAINST YOU AND THE DECISION WILL BE BASED ON THE EVIDENCE PRESENTED.
- ☒ YOU MAY WAIVE YOUR APPEARANCE AT THE HEARING.
- ☒ YOU DO NOT HAVE A RIGHT TO CROSS-EXAMINE WITNESSES, HAVE THE INFRACTING STAFF PRESENT AT THE HEARING, OR HAVE A POLYGRAPH OR OTHER SUPPLEMENTAL TEST.
- ☒ YOU MAY REQUEST WITNESS STATEMENTS AND/OR THAT STAFF, OFFENDERS, OR OTHER PERSONS BE PRESENT AS WITNESSES, UNLESS IT IS DETERMINED BY THE HEARING OFFICER THAT DOING SO WOULD BE UNDULY HAZARDOUS TO FACILITY SAFETY OR SECURITY: (List Witnesses Below)

STAFF NAME	STATEMENT	WITNESS	POSITION	OFFENDER NAME	STATEMENT	WITNESS	DOC NUMBER
None	<input type="checkbox"/>	<input type="checkbox"/>		None	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

- ☒ CRIMINAL CHARGES MAY BE PENDING. ANYTHING YOU SAY HENCEFORTH MAY BE USED AGAINST YOU IN A COURT OF LAW.

STATUS OF CRIMINAL CHARGES: ☐ NONE ☒ UNKNOWN ☐ PENDING IN

COUNTY

CHARGES

- ☒ YOU HAVE THE RIGHT TO REVIEW ALL RELATED REPORTS AND A SUMMARY OF ANY CONFIDENTIAL INFORMATION.
- ☒ YOU MAY REQUEST A STAFF ADVISOR. ☐ REQUESTED ☒ WAIVED
- ☒ YOU MAY REQUEST AN INTERPRETER (if unable to speak and/or understand the English language). ☐ REQUESTED ☒ WAIVED
- ☒ YOU MAY REQUEST A CERTIFIED SIGN LANGUAGE INTERPRETER IF YOU ARE HEARING IMPAIRED. ☐ REQUESTED ☒ WAIVED
- ☒ YOU MAY APPEAL THE DECISION AND/OR SANCTIONS TO THE SUPERINTENDENT/FACILITY SUPERVISOR.
- ☒ IF YOU ARE AN INDETERMINATE SENTENCE CASE AND WITHIN 60 DAYS OF AN ESTABLISHED RELEASE DATE, A GUILTY FINDING COULD RESULT IN THE CANCELLATION OF YOUR RELEASE DATE.
- ☒ I, _____, DOC # _____, WAIVE MY RIGHT TO THE REQUIRED 24 HOURS NOTICE PRIOR TO BEING SEEN BY THE (DISCIPLINARY) HEARING OFFICER AND AUTHORIZE THE HEARING OFFICER TO MAKE A DISPOSITION REGARDING THE INFORMATION AND EVIDENCE PRESENTED TO THE HEARING OFFICER AS PERTAINS TO MY PARTICULAR SITUATION.
- ☒ I, _____, DOC # _____, WAIVE MY RIGHT TO ATTEND THIS SCHEDULED HEARING. I UNDERSTAND THAT THE HEARING WILL BE HELD IN MY ABSENCE.

COPY OF THIS FORM AND INFRACTION, WITH ATTACHMENTS, RECEIVED

Dennis Repp
Offender/Witness Signature Date Time

[Signature]
Staff Signature Date Time

Distribution: ORIGINAL - Central File COPIES- Hearing Officer, Offender
DOC 05-093 (Rev. 12/19/08)DOC 450.500, DOC 460.000
[4-4236]

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

INFRAC TION REVIEW CHECKLIST

Offender Name: <u>Repp, Dennis</u>		DOC # <u>3385161</u>	WAC # <u>SD2</u>
<input checked="" type="checkbox"/>	Examine the infraction to ensure that each field is filled in properly and written legibly.		
<input checked="" type="checkbox"/>	Ensure the offender's name and DOC number are recorded correctly.		
	Read the infraction report narrative and ensure the following elements are included:		
	<input type="checkbox"/> Who? <input type="checkbox"/> What? <input type="checkbox"/> Where? <input type="checkbox"/> When? <input checked="" type="checkbox"/> Why? <input type="checkbox"/> How?		
<input checked="" type="checkbox"/>	Check to be sure that the infraction violations at the top of the report correspond with the written information and are appropriate for the incident. NOTE: The reviewer may 1) require that the report be revised, re-written, or re-investigated by the reporting staff to ensure the alleged facts support the charges, or 2) add, dismiss, delete, or reduce the indicated WAC violations as appropriate, based upon the information and/or evidence provided by the reporting staff and any mitigating factors.		
<input checked="" type="checkbox"/>	Ensure the report is factual, without assumptions, feelings, beliefs, or what the reporting staff "thinks" may have happened.		
<input checked="" type="checkbox"/>	Ensure alleged victims, if any, of the incident are recorded and accurately documented in the "Name(s) of alleged victims of this incident" fields.		
<input checked="" type="checkbox"/>	Ensure the report includes supporting documentation if the incident included:		
	<input type="checkbox"/> Injuries? Medical Response? <input checked="" type="checkbox"/> Witnesses? <input type="checkbox"/> Property Damage? <input type="checkbox"/> Use of Force? <input type="checkbox"/> Tele-Incident Report? <input type="checkbox"/> Other Supplemental Information?		
<input checked="" type="checkbox"/>	Ensure all evidence has been collected, secured, and logged properly in accordance with policy and facility procedures. Did you document:		
	<input checked="" type="checkbox"/> Evidence taken? <input checked="" type="checkbox"/> Evidence Case Number assigned? <input checked="" type="checkbox"/> Evidence was placed in an evidence locker? <input type="checkbox"/> Disposition of evidence if not placed in locker? <input checked="" type="checkbox"/> Photos submitted?		
<input checked="" type="checkbox"/>	Complete the "Placed in Pre-hearing Confinement" field by checking the "Yes" or "No" boxes.		
<input checked="" type="checkbox"/>	If confidential information has been submitted, have you:		
	<input type="checkbox"/> Reviewed the information to ensure it is consistent with other reports? <input type="checkbox"/> Checked to ensure the documents are marked or stamped as "Confidential"? <input type="checkbox"/> Requested that the staff who received the information initiate DOC 05-392 Confidential Information Report and forward it to designated facility staff? <input type="checkbox"/> Included a summary of confidential information with the infraction report?		
<input checked="" type="checkbox"/>	The DOC 17-076 Initial Serious Infraction Report, with attachments if any, is complete. Sign and date on the line labeled "Infraction Review Officer Signature". Signature <i>must</i> be legible.		
<input checked="" type="checkbox"/>	Send the infraction report and any supporting documents to the Hearing Clerk or designated facility staff.		
<input type="checkbox"/>	The infraction report has been reviewed and is being returned for the following reason(s):		
<input type="checkbox"/>	An investigation is required. Investigation assigned to:		
	(Ensure DOC 02-077 is completed)	Name	Date
<input type="checkbox"/>	Promptly resubmit the infraction report with the corrected/appropriate information, including this Infraction Review Checklist.		
Reviewer's Signature <u>[Signature]</u>		Print Name <u>LT. PATRICK MCKEDON</u>	Date <u>4/24/10</u>

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

INFRACTION REVIEW CHECKLIST

Offender Name:	Repp	DOC #	338561	WAC #	502
<input checked="" type="checkbox"/>	Examine the infraction to ensure that each field is filled in properly and written legibly.				
<input checked="" type="checkbox"/>	Ensure the offender's name and DOC number are recorded correctly.				
<input checked="" type="checkbox"/>	Read the infraction report narrative and ensure the following elements are included:				
	<input checked="" type="checkbox"/> Who? <input checked="" type="checkbox"/> What? <input checked="" type="checkbox"/> Where? <input checked="" type="checkbox"/> When? <input checked="" type="checkbox"/> Why? <input type="checkbox"/> How?				
<input checked="" type="checkbox"/>	Check to be sure that the infraction violations at the top of the report correspond with the written information and are appropriate for the incident. NOTE: The reviewer may: 1) require that the report be revised, rewritten, or reinvestigated by the reporting staff member to ensure the alleged facts support the charges, or 2) add, dismiss, delete or reduce the indicated WAC violations as appropriate, based upon the information and/or evidence provided by the reporting staff and any mitigating factors.				
<input checked="" type="checkbox"/>	Ensure the report is factual, without assumptions, feelings, beliefs or what the reporting staff "thinks" may have happened.				
<input checked="" type="checkbox"/>	Ensure alleged victims, if any, of the incident are recorded and accurately documented in the "Name(s) of alleged victims of this incident" fields.				
<input checked="" type="checkbox"/>	Ensure the report includes supporting documentation if the incident included:				
	<input type="checkbox"/> Injuries? Medical Response? <input checked="" type="checkbox"/> Witnesses? <input type="checkbox"/> Property Damage? <input type="checkbox"/> Use of Force? <input type="checkbox"/> Teleincident Report? <input checked="" type="checkbox"/> Other Supplemental Information?				
<input checked="" type="checkbox"/>	Ensure all evidence has been collected, secured, and logged properly in accordance with policy and facility procedures. Did you document:				
	<input checked="" type="checkbox"/> Evidence taken? <input checked="" type="checkbox"/> Evidence Case Number assigned? <input checked="" type="checkbox"/> Whether or not the evidence was placed in an evidence locker? <input checked="" type="checkbox"/> The disposition of the evidence if not placed in locker? <input checked="" type="checkbox"/> Photos submitted?				
<input checked="" type="checkbox"/>	Complete the "Placed in Pre-hearing Confinement" field by checking the "Yes" or "No" boxes.				
<input checked="" type="checkbox"/>	If confidential information has been submitted, have you:				
	<input checked="" type="checkbox"/> Reviewed the information to ensure it is consistent with other reports? <input checked="" type="checkbox"/> Checked to ensure the documents are marked or stamped as "Confidential"? <input checked="" type="checkbox"/> Requested that the staff who received the information initiate DOC 05- 392, Confidential Information Report and forward it to designated facility staff? <input checked="" type="checkbox"/> Included a summary of confidential information with the infraction report?				
<input checked="" type="checkbox"/>	The Initial Serious Infraction report (with attachments, if any) is complete. Sign and date the Initial Serious Infraction Report on the line labeled "Infraction Review Officer Signature" (Signature <i>must</i> be legible).				
<input checked="" type="checkbox"/>	Send the infraction report and any supporting documents to the hearing clerk or designated facility staff.				
<input checked="" type="checkbox"/>	The Initial Serious Infraction report has been reviewed and is being returned for the following reason(s):				
	Reason: <i>Photos? Medical Report? Supporting Reports are needed.</i>				
<input type="checkbox"/>	An investigation is required. Investigation assigned to:				
	(Ensure DOC 20-077 is completed)				
<input type="checkbox"/>	Promptly resubmit the infraction report with the corrected / appropriate information, including this Infraction Review Checklist.				
Reviewer's Signature		Print Name		Date	
<i>R.A.P.</i>		Robert River		4-27-10	

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

Distribution: ORIGINAL-Central File COPY- Hearing Officer, Offender
DOC 17-069 (Rev. 8/17/07)

Page 1 of 1

DOC 460.000

Washington State
Department of Corrections

Historical Incident By Number

5/10/2013

Page 1 of 2

No. 14503 Type: ASLT I/M WO-WP WO-HSP

Staff Reporting: LT. P. MCKEOWN

Type: USE OF FORCE

Staff Entering: PETTIT, ANGELA

Type: OFFENDER INJURY

Occured On: 4/26/2010 at 08:36PM

Reported On: 4/26/2010 at 09:05PM

Location: Washington State Penitentiary-Main Facility

Confidential: No

Place: EDUCATION DEPARTMENT

WC EDUCATION DEPT. LIBRARY

Offenders Involved	Inj	Hos	Staff Involved	Inj	Hos
332715 HAHN, AARON M.	Y	N	C/O AREVALO, ANTONIO	N	N
338561 REPP, DENNIS W.	Y	N	C/O DAVIS, DUSTIN	N	N
			C/O GEARN, KENNETH	N	N
			LIBRARIAN BAKER, JEAN	N	N
			SGT. SMITH, DEREESA	N	N

Description: ON 04-26-10 AT APPROX. 2036 HRS. A FIGHT WAS CALLED BY INSTITUTION RADIO IN THE EDUCATION DEPT LIBRARY. LIBRARIAN BAKER OBSERVED THE FIGHT & HIT THE EMERGENCY BUTTON ALARMING CORRECTIONAL STAFF OF THE INCIDENT. AS EDUCATION COS & QRST ARRIVED IT WAS OBSERVED THAT I/M REPP WAS ON TOP OF I/M HAHN STRIKING HIM NUMEROUS TIMES TO THE UPPER TORSO AREA. FORCE WAS USED TO PLACE I/M REPP ON THE FLOOR AND THEN RESTRAINTS WERE PLACED ON HIM. I/M REPP WAS ESCORTED TO THE SHIFT HOLDING CELL. 911 WAS CALLED DUE TO THE INJURIES OBSERVED TO THE FACE OF I/M HAHN. RN HAWKINS RESPONDED TO THE SCENE TO ASSESS THE SITUATION. IT WAS DETERMINED TO TRANSPORT I/M HAHN TO THE EXAM ROOM IN ECHO UNIT. THE PROVIDER LPN NEISNEER RESPONDED TO ECHO UNIT AND TREATED I/M HAHN WITH NUMEROUS STITCHES TO THE WOUND ON HIS NOSE. I& I JACKSON WAS NOTIFIED. THE CRIME SCENE WAS PRESERVED PENDING ITS RELEASE BY I& I JACKSON. CRIME SCENE RELEASED AT 2130 HRS. RN JABAGAT ASSESSED I/M REPP AND NOTES SMALL CUT AND SCRATCHES TO THE KNUCKLES TO BOTH HANDS. RN HAWKINS ASSESSED I/M HAHN AND NOTES NUMEROUS BRUISES AND CUTS TO THE FACE AND HEAD AREA. I/M HAHN WAS INTERVIEWED BY I& I JACKSON. I/M REPP WAS INTERVIEWED BY LT. MCKEOWN AND I& I JACKSON I/M REPP STATED THAT THE DUDE WAS TALKING HIS MOTHER IN A WHEEL CHAIR, THAT'S WHY HE DID WHAT HE DID. VIDEO WAS REVIEWED BY I& I JACKSON AND LT. MCKEOWN, IT CLEARLY SHOWS I/M REPP WATCH I/M HAHN UNTIL IT WAS OBSERVED THAT I/M REPP WALKED UP TO I/M HAHN WHO WAS NOT EXPECTING ANYTHING AND BLINDSIDED HIM WITH A CLOSE FIST PUNCH TO THE FACE AND THEN CONTINUED THE ASSAULT WITH NUMEROUS PUNCHES AND KICKS UNTIL RESPONDING STAFF SEPARATED THEM. NOTE: AT NO TIME DID I/M HAHN FIGHT BACK IN ANY MANNER. BOTH PLACED ON AD-SEG; I/M REPP FOR AGGRAVATED ASSAULT ON ANOTHER I/M AND I/M HAHN FOR HOUSING REVIEW. BLOOD/BODY FLUIDS CLEANED UP PER POLICY. VIDEO, PHOTOS AND ALL DOCUMENTATION FORWARDED UP THE CHAIN OF COMMAND FOR REVIEW. ADDITIONAL INDIVIDUAL INVOLVED: CO HALL, TYLER; RN HAWKINS, KEN; RN PLACIDO, JABAGAT.

Property Damage: No Approximate Cost: \$0

Other Agencies Contacted: Date: N/A Time: N/A

N/A

Hospital Name: Followup Report: No Against: INMATE

----- OFFENDERS INVOLVED -----

Name: HAHN, AARON M.

DOC No: 332715

Class: CLOSE

Last known addr: UNKNOWN

Historical_Incident_By_Number

DOC1 [REDACTED]

5/10/2013 3:06:34 PM

Washington State
Department of Corrections

Historical Incident By Number

5/10/2013

Page 2 of 2

DOB: 09/14/1979 Sex: M Race: WHITE Hisp. Orig: N Rel.Date: 07/18/2025
 MSC: MURDER I County: CLALLAM Cause: 081001953
 Received: WCC-R: 12/02/2009 Transfer to present facility: 02/11/2010
 Vic/Wit Eligible: YES WTR Type: NOT IN WTR
 Height: 5 FT 11 IN Weight: 184 LBS Hair: BROWN Eye: BLUE
 Scars, marks, tattoos: None
 FBI No: 188839KB9 SSA No: 516-02-2956 SID No: 24431894

Names:

HAHN, AARON M. (ALIAS)

Crime	County
MURDER I	CLALLAM
P.N. SEX	CLALLAM

Name: REPP, DENNIS W. DOC No: 338561 Class: CLOSE
 Last known addr: UNKNOWN
 DOB: 12/02/1985 Sex: M Race: WHITE Hisp. Orig: N Rel.Date: 09/30/2032
 MSC: ROBBERY 1 County: COWLITZ Cause: 091010584
 Received: WCC-R: 02/26/2010 Transfer to present facility: 01/06/2011
 Vic/Wit Eligible: YES WTR Type: NOT IN WTR
 Height: 5 FT 6 IN Weight: 174 LBS Hair: BROWN Eye: HAZEL
 Scars, marks, tattoos: None
 FBI No: 480976JC8 SSA No: - - SID No: 22864534

Names:

REPP, DENNIS W. (ALIAS)

Crime	County
ASSAULT, OTHER	COWLITZ
ROBBERY 1	COWLITZ
THEFT 2	COWLITZ



STATE OF WASHINGTON

DEPARTMENT OF CORRECTIONS
TELEPHONE INCIDENT REPORT

TIR NUMBER # A-04-10-76

INCIDENT ASLT I/M WO-WP W-HSP		ON FURLOUGH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NAMES OF INDIVIDUALS INVOLVED I/M Hahn, Aaron #332715		C/O Geams, Kenneth ✓
INSTITUTION/W/T RELEASE FACILITY/PROBATION/PAROLE Washington State Penitentiary				I/M Repp, Dennis #338561		C/O Davis, Dustin ✓
PLACE/AREA OCCURRED WC Education Dept.		DATE 04/26/10	TIME 2036	RN Placido, Jabagat		C/O Arevalo, Antonio ✓
STAFF REPORTING Lt. Patrick McKeown #7156		RECEIVED BY D.O. Kucza, Mark		Sgt. Smith, Dereesa		C/O Hall, Tyler ✓
DATE RECEIVED 04/26/10		TIME RECEIVED 2105		RN Hawkins, Ken		
				Librarian Baker, Jean		

DESCRIPTION OF INCIDENT AND CIRCUMSTANCES

(Include action taken to avoid recurrence of incident)

Additional staff involved in the incident: RN Hawkins, Ken, RN Placido, Jabagat.

On 04/26/10 at approximately 2036 a fight was called by institution radio in the Education Dept Library. Librarian Baker observed the fight and hit the emergency button alarming correctional staff of the incident. As Education officers and QRST arrived it was observed that I/M Repp was on top of I/M Hahn striking him numerous times to the upper torso area. Force was used to place I/M Repp on the floor and then restraints were placed on him. I/M Repp was escorted to the shift holding cell. 911 was called due to the injuries observed to the face of I/M Hahn. RN Hawkins responded to the scene to assess the situation. It was determined to transport I/M Hahn to the Exam room in Echo Unit. The provider LPN Neisner, S responded to Echo Unit and treated I/M Hahn with numerous stitches to the wound on his nose. I&I Chief Investigator Rob Jackson was notified. The crime scene was preserved pending its release by Rob Jackson. Crime Scene released at 2130. RN Jabagat assessed I/M Repp and notes small cut and scratches to the knuckles to both hands. RN Hawkins assessed I/M Hahn and notes numerous bruises and cuts to the face and head area. I/M Hahn was interviewed by I&I Jackson. I/M Repp was interviewed by Lt. McKeown and I&I Jackson I/M Repp stated that the dude was talking about his mother in a wheel chair, that's why he did what he did. Video was reviewed by I&I Jackson and Lt. McKeown, it clearly shows I/M Repp watch I/M Hahn until it was observed that I/M Repp walked up to I/M Hahn who was unexpected anything and blindsided him with a close fist punch to the face and then continued the assault with numerous punches and kicks until responding staff separated them. Note: at no time did I/M Hahn fight back in any manner. Both placed on Administrative Segregation, I/M Repp for Aggravated Assault on another I/M and I/M Hahn for Housing Review. Blood and Body Fluids cleaned up per policy. Video, photos and all documentation forwarded up the chain of command for review.

OTHER AGENCIES CONTACTED (LAW ENFORCEMENT, FIRE DEPT., HOSPITAL, ETC.) None		DATE	TIME
INJURIES (NAMES) I/M Hahn			
HOSPITALIZED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHERE	PROPERTY DAMAGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, ESTIMATE COST \$

IF THERE ARE CIRCUMSTANCES WARRANTING INVESTIGATIVE FOLLOW UP, SPECIFY ON SEPARATE SHEET.

CC: SECRETARY, DEPUTY SECRETARY, DIVISION DIRECTOR, INFORMATION OFFICER, SPECIAL INVESTIGATIONS, PAROLE BOARD.

DATE/TIME CALLED ANY OF THE ABOVE: _____

DOC 16-058A (8/93)

C x h i t 8



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

SEGREGATION AUTHORIZATION

Offender's Name Hahn, Aaron	DOC Number 332715	Facility WSP-WC	Date Placed in Segregation 04/26/10
--------------------------------	----------------------	--------------------	--

Section I	
REASON FOR PLACEMENT:	SPECIAL INSTRUCTIONS:
<input checked="" type="checkbox"/> THREAT TO OTHERS/SELF/SECURITY	<input type="checkbox"/> SPECIAL DIET
<input type="checkbox"/> OWN REQUEST	<input type="checkbox"/> MEDICATIONS (List Rx)
<input checked="" type="checkbox"/> INFRACTION SUBMITTED	
<input type="checkbox"/> SUMMARY OF CONFIDENTIAL INFORMATION	
<input type="checkbox"/> OTHER (Explain)	<input type="checkbox"/> OTHER (Explain)

Sgt. Dereesa Smith
Requesting Staff Member

Lt. Patrick McKeown #7156
Signature of Authorizing Lieutenant/Correctional Unit Supervisor

SPECIFIC REASONS FOR PLACEMENT AND RECOMMENDATION TO SUPERINTENDENT	
At approximately 2036 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. on 04/26/10 offender Hahn was placed in <input checked="" type="checkbox"/> Administrative	
Segregation pursuant to WAC 137-32-005 and/or was placed in <input type="checkbox"/> Pre-Hearing Confinement per WAC 137-28-280 due to infraction(s).	
Details for reason(s) for placement are as follows: I/M Hahn was assaulted numerous times with close fist punches and kicks. This incident took place in the WC Education Dept. Library.	

Reviewed and Approved By: (Superintendent/Designee) _____ Date _____ C/O Gearns/C/O Hall, T.
Escorting Staff

Section II	
NEXT ACTION DUE BY:	NOTIFICATION OF INITIAL REVIEW: Serve DOC 05-797 now
Date:	Time: Date:

Offender's Signature _____ Date _____

Signature of Serving/Reporting Staff _____ Date _____

Offender Refuses to Sign-Witness Signature _____ Date _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

Distribution: Original- Central File COPY - Hearing Office, Seg Unit Supervisor, Superintendent, Offender

exhibit 8

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

ADMINISTRATIVE SEGREGATION REFERRAL

INMATE NAME I/M Repp, Dennis	DOC NUMBER 338561	FACILITY WSP WC	DATE 04/26/10
REASON FOR SEGREGATION Aggravated Assault on an other offender			DATE PLACED IN SEGREGATION 04/26/10

INSTRUCTIONS: Be as specific as possible. Include: 1) Why inmate was placed in segregation, 2) Incidents leading to segregation, 3) Individuals involved, and 4) Where incidents occurred.

(Each attachment should be stamped ☐ DISCLOSABLE or ☐ NON-DISCLOSABLE.)

On 04/26/10 at approximately 2036 I/M Repp #338561 was observed by Library staff and review of video assault I/M Hahn #332715. It was observed that I/M Repp blindsided I/M Hahn by striking him with a close fist punch to the face and then continue numerous punches and kicks until staff were able to separate them.

SUBMITTED BY Lt. Patrick McKeown #7156	POSITION Shift Lt.	DATE 04/26/10
---	-----------------------	------------------

INSTRUCTIONS for ADMINISTRATIVE SEGREGATION REFERRAL - DOC 05-101

INMATE NAME, DOC NUMBER, ETC.:

Enter inmate name, DOC #, facility and date.

Distribution: WHITE- Ad Seg Hearings Officer YELLOW- Superintendent PINK-Central File GOLDENROD-Offender

DOC 05-101 FRONT (01/19/06) POL

DOC 320.200



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

ADMINISTRATIVE SEGREGATION REFERRAL

INMATE NAME I/M Hahn, Aaron	DOC NUMBER 332715	FACILITY WSP WC	DATE 04/26/10
REASON FOR SEGREGATION P-Concerns / Housing Review			DATE PLACED IN SEGREGATION 04/26/10

INSTRUCTIONS: Be as specific as possible. Include: 1) Why inmate was placed in segregation, 2) Incidents leading to segregation, 3) Individuals involved, and 4) Where incidents occurred.

(Each attachment should be stamped ☐ DISCLOSABLE or ☐ NON-DISCLOSABLE.)

On 04/26/10 at approximately 2036 I/M Repp #338561 was observed by Library staff and review of video assault I/M Hahn #332715. It was observed that I/M Repp blindsided I/M Hahn by striking him with a close fist punch to the face and then continue numerous punches and kicks until staff were able to separate them.

SUBMITTED BY Lt. Patrick McKeown #7156	POSITION Shift Lt.	DATE 04/26/10
---	-----------------------	------------------

INSTRUCTIONS for ADMINISTRATIVE SEGREGATION REFERRAL - DOC 05-101

INMATE NAME, DOC NUMBER, ETC.:

Enter inmate name, DOC #, facility and date.

Distribution: **WHITE-** Ad Seg Hearings Officer **YELLOW-** Superintendent **PINK-** Central File **GOLDENROD-** Offender

DOC 05-101 FRONT (01/19/08) POL

DOC 320.200



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

AD SEG/IMU REVIEW NOTICE/APPEARANCE WAIVER

OFFENDER NAME Hahn, Aaron	DOC NUMBER 332715	FACILITY WSP-West Complex	DATE 04/26/10
HEARING SCHEDULED FOR: DATE 2 buisness days LOCATION Hearing Office TIME ON Call			
REASON FOR HEARING (INCLUDE ALL ALLEGATIONS OF MISCONDUCT AND ANY CRIMINAL CHARGES PENDING IF APPROPRIATE)			
I/M Hahn # 332715 was assaulted by I/M Repp #338561. At no time did I/M Hahn fight back.			

INTERPRETER NAME/DATE



I HAVE BEEN PROVIDED A CERTIFIED SIGN LANGUAGE INTERPRETER



I HAVE BEEN PROVIDED WITH A SPANISH TRANSLATION OF THE CHARGES AGAINST ME ON
SE ME HA DADO UNA TRADUCCION AL ESPANOL DE LOS CARGOS EN ME CONTRA EL DIA

DATE/FETCHA

AT

TIME/HORA

OFFENDER SIGNATURE/FIRMA DE OFENSOR

OFFENDER RIGHTS:

- ☒ YOU HAVE THE RIGHT TO REMAIN SILENT AT THE HEARING. IF YOU CHOOSE TO REMAIN SILENT, YOUR SILENCE MAY BE USED AGAINST YOU AND THE DECISION WILL BE BASED ON THE EVIDENCE PRESENTED.
- ☒ YOU MAY WAIVE YOUR APPEARANCE AT THE HEARING.
- ☒ YOU DO NOT HAVE A RIGHT TO CROSS EXAMINE WITNESSES, HAVE THE INFRACTING STAFF PRESENT AT THE HEARING, OR HAVE A POLYGRAPH OR OTHER SUPPLEMENTAL TESTS.
- ☒ YOU MAY REQUEST WRITTEN WITNESS STATEMENTS: (List Witnesses Below)

STAFF NAME	POSITION	OFFENDER NAME	DOC NUMBER

- ☒ CRIMINAL CHARGES MAY BE PENDING. ANYTHING YOU SAY HENCEFORTH MAY BE USED AGAINST YOU IN A COURT OF LAW

STATUS OF CRIMINAL CHARGES: ☐ NONE ☐ UNKNOWN ☐ PENDING IN

COUNTY

CHARGES

- ☒ YOU HAVE THE RIGHT TO REVIEW ALL RELATED REPORTS AND A SUMMARY OF ANY CONFIDENTIAL INFORMATION.
- ☒ YOU MAY REQUEST A STAFF ADVISOR (If approved by the Hearing Officer). ☐ REQUESTED ☐ WAIVED
- ☒ YOU MAY REQUEST AN INTERPRETER (If unable to speak and/or understand the English language). ☐ REQUESTED ☐ WAIVED
- ☒ YOU MAY REQUEST A CERTIFIED SIGN LANGUAGE INTERPRETER IF YOU ARE HEARING IMPAIRED. ☐ REQUESTED ☐ WAIVED
- ☒ YOU MAY APPEAL THE DECISION AND/OR SANCTIONS TO THE FACILITY SUPERINTENDENT/DESIGNEE.
- ☒ YOU MAY BE PRESENT AT ALL STAGES OF THE MEETING EXCEPT DURING DISCUSSION INVOLVING INFORMATION FROM CONFIDENTIAL SOURCES.
- ☐ I, _____, NUMBER _____ WAIVE MY RIGHT TO THE REQUIRED 48 HOURS NOTICE PRIOR TO BEING SEEN BY THE (CLASSIFICATION/ADMINISTRATIVE SEGREGATION) HEARING OFFICE AND AUTHORIZE THE HEARING OFFICER TO MAKE A DISPOSITION REGARDING THE INFORMATION AND EVIDENCE PRESENTED TO THE HEARING OFFICER AS PERTAINS TO MY PARTICULAR SITUATION.
- ☐ I, _____, NUMBER _____ WAIVE MY RIGHT TO ATTEND THIS SCHEDULED HEARING. I UNDERSTAND THAT THE HEARING WILL BE HELD IN MY ABSENCE.

COPY OF THIS FORM AND INFRACTION, WITH ANY ATTACHMENTS, RECEIVED.

OFFENDER/WITNESS SIGNATURE

DATE

TIME

STAFF SIGNATURE

DATE

TIME

Distribution: ORIGINAL- Central File COPY-Hearing Officer, Offender
DOC 05-797 (Rev. 02/14/08)

DOC 320.200

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

AD SEG/IMU REVIEW NOTICE/APPEARANCE WAIVER

OFFENDER NAME Repp, Dennis	DOC NUMBER 338561	FACILITY WSP-West Complex	DATE 04/26/10
HEARING SCHEDULED FOR: DATE 2 buisness days LOCATION Hearing Office TIME ON Call			
REASON FOR HEARING (INCLUDE ALL ALLEGATIONS OF MISCONDUCT AND ANY CRIMINAL CHARGES PENDING IF APPROPRIATE)			
IM Repp #338561 assaulted IM Hahn #332715 with close fist punches, at no time did IM Hahn fight back.			

INTERPRETER NAME/DATE



I HAVE BEEN PROVIDED A CERTIFIED SIGN LANGUAGE INTERPRETER

I HAVE BEEN PROVIDED WITH A SPANISH TRANSLATION OF THE CHARGES AGAINST ME ON
SE ME HA DADO UNA TRADUCCION AL ESPANOL DE LOS CARGOS EN ME CONTRA EL DIA

DATE/FETCHA

AT

TIME/HORA

OFFENDER SIGNATURE/FIRMA DE OFENSOR

OFFENDER RIGHTS:

- ☒ YOU HAVE THE RIGHT TO REMAIN SILENT AT THE HEARING, IF YOU CHOOSE TO REMAIN SILENT, YOUR SILENCE MAY BE USED AGAINST YOU AND THE DECISION WILL BE BASED ON THE EVIDENCE PRESENTED.
- ☒ YOU MAY WAIVE YOUR APPEARANCE AT THE HEARING.
- ☒ YOU DO NOT HAVE A RIGHT TO CROSS EXAMINE WITNESSES, HAVE THE INFRACTING STAFF PRESENT AT THE HEARING, OR HAVE A POLYGRAPH OR OTHER SUPPLEMENTAL TESTS.
- ☒ YOU MAY REQUEST WRITTEN WITNESS STATEMENTS: (List Witnesses Below)

STAFF NAME	POSITION	OFFENDER NAME	DOC NUMBER

- ☒ CRIMINAL CHARGES MAY BE PENDING. ANYTHING YOU SAY HENCEFORTH MAY BE USED AGAINST YOU IN A COURT OF LAW

STATUS OF CRIMINAL CHARGES: ☐ NONE ☐ UNKNOWN ☐ PENDING IN

COUNTY

CHARGES

- ☒ YOU HAVE THE RIGHT TO REVIEW ALL RELATED REPORTS AND A SUMMARY OF ANY CONFIDENTIAL INFORMATION.
- ☒ YOU MAY REQUEST A STAFF ADVISOR (If approved by the Hearing Officer). ☐ REQUESTED ☐ WAIVED
- ☒ YOU MAY REQUEST AN INTERPRETER (If unable to speak and/or understand the English language). ☐ REQUESTED ☐ WAIVED
- ☒ YOU MAY REQUEST A CERTIFIED SIGN LANGUAGE INTERPRETER IF YOU ARE HEARING IMPAIRED. ☐ REQUESTED ☐ WAIVED
- ☒ YOU MAY APPEAL THE DECISION AND/OR SANCTIONS TO THE FACILITY SUPERINTENDENT/DESIGNEE.
- ☒ YOU MAY BE PRESENT AT ALL STAGES OF THE MEETING EXCEPT DURING DISCUSSION INVOLVING INFORMATION FROM CONFIDENTIAL SOURCES.
- ☐ I, _____, NUMBER _____ WAIVE MY RIGHT TO THE REQUIRED 48 HOURS NOTICE PRIOR TO BEING SEEN BY THE (CLASSIFICATION/ADMINISTRATIVE SEGREGATION) HEARING OFFICE AND AUTHORIZE THE HEARING OFFICER TO MAKE A DISPOSITION REGARDING THE INFORMATION AND EVIDENCE PRESENTED TO THE HEARING OFFICER AS PERTAINS TO MY PARTICULAR SITUATION.
- ☐ I, _____, NUMBER _____ WAIVE MY RIGHT TO ATTEND THIS SCHEDULED HEARING. I UNDERSTAND THAT THE HEARING WILL BE HELD IN MY ABSENCE.

COPY OF THIS FORM AND INFRACTION, WITH ANY ATTACHMENTS, RECEIVED.

OFFENDER/WITNESS SIGNATURE

DATE

TIME

STAFF SIGNATURE

DATE

TIME

Distribution: ORIGINAL- Central File COPY-Hearing Officer, Offender
DOC 05-797 (Rev. 02/14/08)

DOC 320.200

PDU-25024 1st Install 000031

exhibit 8

<input checked="" type="checkbox"/> I have reviewed the actions of staff involved and find that they have acted in accordance with departmental policy, rules and regulations.	
<input type="checkbox"/> I do not concur with actions of those employees and I recommend that an investigation of the incident be initiated.	
<input type="checkbox"/> The following procedural and/or physical plant corrective action shall be taken:	
Superintendent	Date 4/29/10

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by executive Order 0-03, RCW 42.56, and RCW 40.14.

Exhibit 8



INCIDENT REPORT

☐ Confidential

Date/Time of Incident	Offenders Involved	DOC Number	Living Unit
4/26/2010 2036	REPP HAHN	338561 332715	
Location WC Library	Witnesses Jean Baker		
Use of Force Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<p>DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.</p> <p>I was standing behind the counter shutting off the computer when I saw two offenders fighting. I did not identify the inmates at the time but after they were restrained I realized that one of the inmates was a library worker. He was bleeding from his face.</p>			

Immediate Action Taken:

As the fight continued I went to the library office and pushed the emergency button on the wall. Officers were in the library immediately.

Jean Baker

Staff Signature

4-26-2010

Date

Librarian

Title

Jean M. Baker

Staff Name (Please Print)

TO BE COMPLETED BY CHIEF INVESTIGATOR

Date/Time Received	Incident Number	
Investigation Assigned To	By	Date

Distribution: WHITE - Chief Investigator CANARY - Executive Team Member PINK - Originator GOLDENROD - Immediate Supervisor
 DOC 21-917 (Rev. 02/02/10) DOC 390.350, DOC 420.250, DOC 420.360, DOC 420.500, DOC 490.800, DOC 490.850, DOC 620.200

e x 4.13. + 8.

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

INCIDENT REPORT

☐ Confidential

DATE/TIME OF INCIDENT	OFFENDERS INVOLVED	DOC NUMBER	LIVING UNIT
4-26-10 approx 2036	Repp, Dennis Hahn, Aaron	338561 332715	D-Unit D-Unit
LOCATION WC Library	WITNESSES		
USE OF FORCE INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
<p>DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.</p> <p>On April 26, 2010 at approximately 2036, I C/O Geams 7510 responded to a fight called in West Complex Library. When I arrived both inmates were restrained and on the ground. I helped another officer escort I/M Dennis Repp DOC #338561 from the Library to West Complex Shift Office Holding Cell #1. I then returned to the Library and helped escort I/M Aaron Hahn DOC #332715 from the Library to E-Unit Nurses Station. After I/M Hahn was attended to by medical personnel, I helped escort him to West Complex Shift Office Holding Cell #3. My involvement ended at this point in time.</p>			

IMMEDIATE ACTION TAKEN:

C/O K.E. Geams⁷⁵¹⁰
STAFF SIGNATURE

4-26-10
DATE

C/O
TITLE

K.E. Geams
STAFF NAME (Please Print)

TO BE COMPLETED BY CHIEF INVESTIGATOR

DATE/TIME RECEIVED		INCIDENT NUMBER
INVESTIGATION ASSIGNED TO	BY	DATE

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

Distribution: WHITE - Chief Investigator CANARY - Executive Team Member PINK - Originator GOLDENROD - Immediate Supervisor
DOC 21-917 (Rev. 2/07/07)

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STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

INCIDENT REPORT

☐ Confidential

Date/Time of Incident	Offenders Involved	DOC Number	Living Unit
4/26/2010	Repp, Dennis	338561	
Location WC Library	Witnesses C/O Arevalo, T #		
Use of Force Incident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<p>DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.</p> <p>On 4/26/2010 I C/O Dustin Davis# 7638 Heard a fight called over the radio in the West Complex Library. I responded and when I arrived on scene I observed I/M Hahn, arron # 332715 on his knees taking several closed fist punches to the face. I ordered I/M Repp, Dennis # 338561 to stop his actions at this time I placed both hands on I/M Repp upper body and pushed him to the floor. At this time I assisted in placing wrist restraints on I/M Repp. I then Escorted I/M Hahn from the library to echo unit for medical treatment. nothing further to report.</p>			

Immediate Action Taken:

Staff Signature

Date

C/O 2

Title

Dustin Davis # 7638

Staff Name (Please Print)

TO BE COMPLETED BY CHIEF INVESTIGATOR

Date/Time Received	Incident Number	
Investigation Assigned To	By	Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

Distribution: WHITE - Chief Investigator CANARY - Executive Team Member PINK - Originator GOLDENROD - Immediate Supervisor
DOC 21-917 (Rev. 3/20/09) DOC 390.350, DOC 420.250, DOC 420.360, DOC 490.800, DOC 620.200

QX 4.3. + 8



INCIDENT REPORT

☐ Confidential

Date/Time of Incident	Offenders Involved	DOC Number	Living Unit
4/26/10 2036 hrs	Hahn, Arron	332715	DE-213
	Repp, Dennis	338561	DW110
Location W/C Library	Witnesses		
Use of Force Incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<p>DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.</p> <p>On 4/26/10 approx. 2036 hrs I c/o Arevalo, Antonio 7606 responded to a fight in the Education library. I saw inmate Repp, Dennis 338561 throwing and landing close fist punches to inmate Hahn, Arron 332715 face. I directed them to stop fighting. I assisted in restraining inmate Repp, Dennis while on the ground and then placed wrist restraints on him.</p>			

Immediate Action Taken:

<u><i>CA 7606</i></u>	4/26/10	C/o 2	Arevalo, antonio 7606
Staff Signature	Date	Title	Staff Name (Please Print)

TO BE COMPLETED BY CHIEF INVESTIGATOR

Date/Time Received	Incident Number	
Investigation Assigned To	By	Date

Distribution: WHITE - Chief Investigator CANARY - Executive Team Member PINK - Originator GOLDENROD - Immediate Supervisor
 DOC 21-917 (Rev. 02/02/10) DOC 390.350, DOC 420.250, DOC 420.360, DOC 420.500, DOC 490.800, DOC 490.850, DOC 620.200

exhibit 8

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

INCIDENT REPORT

☐ Confidential

DATE/TIME OF INCIDENT	OFFENDERS INVOLVED	DOC NUMBER	LIVING UNIT
04-26-2010/2036 HRS.	Repp, Dennis	338561	Dog Unit
	Hahn, Aaron	332715	Dog Unit
LOCATION W/C Education Area	WITNESSES		
USE OF FORCE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<p>DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.</p> <p>On 04-26-2010 at approx 2036 HRS I C/O Hall, T. # 7411 responded to a fight in the education area. When I arrived I placed restraints on inmate Hahn. I was then relived of the escort from another staff member. Nothing further to report.</p>			

IMMEDIATE ACTION TAKEN:

04-26-2010

C/O

T. HALL # 7411

STAFF SIGNATURE

DATE

TITLE

STAFF NAME (Please Print)

TO BE COMPLETED BY CHIEF INVESTIGATOR

DATE/TIME RECEIVED		INCIDENT NUMBER
INVESTIGATION ASSIGNED TO	BY	DATE

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DOC 21-917 (Rev. 2/07/07)



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

INCIDENT REPORT

☐ Confidential

Date/Time of Incident	Offenders Involved	DOC Number	Living Unit
04/26/10 2036	Repp, Dennis	338561	
Location W/C Library	Witnesses		
Use of Force Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<p>DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.</p> <p>On 04/26/10 I Sgt. D Smith responded to a fight in the W/C Library and escorted I/M Repp # 338561 from the W/C library to the W/C Shift holding cell.</p>			

Immediate Action Taken:

Staff Signature: Sgt. D. Smith 04/26/10 Date: 04/26/10 Title: Sgt. Staff Name (Please Print): Sgt. D. Smith

TO BE COMPLETED BY CHIEF INVESTIGATOR

Date/Time Received	Incident Number	
Investigation Assigned To	By	Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

Distribution: WHITE - Chief Investigator CANARY - Executive Team Member PINK - Originator GOLDENROD - Immediate Supervisor
DOC 21-917 (Rev. 04/22/08) DOC 390.350, DOC 420.250, DOC 420.360, DOC 490.800

Exhibit 8



INCIDENT REPORT

☐ Confidential

Date/Time of Incident April 26, 2010 2036	Offenders Involved REPP, DENNIS	DOC Number 338561	Living Unit DELTA
Location WSP	Witnesses		
Use of Force Incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<p>DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.</p> <p>On April 26, 2010 at approximately 2045hrs, I/M Repp DOC#338561 was seen at Shift Office holding cell for evaluation of injuries post altercation. Left middle finger has a small cut at the knuckle area and right hand knuckle has scratches at ring and pinkie fingers. No other visible injuries noted.</p>			

Immediate Action Taken:

none

[Signature]
Staff Signature

April 26, 2010

Date

RN2

Title

PLACIDO JABAGAT

Staff Name (Please Print)

TO BE COMPLETED BY CHIEF INVESTIGATOR

Date/Time Received	Incident Number	
Investigation Assigned To	By	Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

Distribution: WHITE - Chief Investigator CANARY - Executive Team Member PINK - Originator GOLDENROD - Immediate Supervisor
DOC 21-917 (Rev. 02/02/10) DOC 390.350, DOC 420.250, DOC 420.360, DOC 420.600, DOC 490.800, DOC 490.850, DOC 620.200

Scott, Tammy A. (DOC)

From: Scott, Tammy A. (DOC)
Sent: Friday, May 07, 2010 9:28 AM
To: Sundberg, Steven D. (DOC); McKeown, Patrick K. (DOC)
Cc: Pierce, Gary A. (DOC); Jurgensen, Kenneth J. (DOC)
Subject: RE: Emailing: 5-11 338561 Repp

There is an infraction---but it was sent back to the Reviewer (Lt. McKeown) on 4/27. We exchanged emails on 4/30 and he said he would look for it in the shift office and his mailbox.....but I haven't received it back as of yet.

As soon as I do--I'll get it plugged in and scheduled.

Sorry I couldn't be of more help--but will send this on to the LT also--and maybe he has more information.

Tammy Scott , OA3 Hearings
Extension 5029 / Mailstop W51
email options:
tascott@doc1.wa.gov
or tammy.scott@doc.wa.gov

-----Original Message-----

From: Sundberg, Steven D. (DOC)
Sent: Friday, May 07, 2010 9:08 AM
To: McKeown, Patrick K. (DOC); Scott, Tammy A. (DOC); Jurgensen, Kenneth J. (DOC)
Subject: Emailing: 5-11 338561 Repp

I don't see an infraction on this one?

Scott, Tammy A. (DOC)

From: McKeown, Patrick K. (DOC)
Sent: Friday, April 30, 2010 9:19 PM
To: Scott, Tammy A. (DOC)
Subject: RE: Infraction Packet

Thanks Tammy, I'll look for it either in my mailbox or in the shift Lt.'s office, thumb tacked to the bulletin board. Pat.

From: Scott, Tammy A. (DOC)
Sent: Friday, April 30, 2010 7:18 AM
To: McKeown, Patrick K. (DOC)
Subject: Infraction Packet

I sent an infraction packet back to you earlier this week---When your finished with the notes that Capt. Piver put on it, could you sign the infraction packet and return it to me.

Have an awesome weekend---and thank you for your help!

*Tammy Scott, OA3 Hearings
Extension 5029 / Mailstop W51
email options:*

tascott@doc1.wa.gov
or tammy.scott@doc.wa.gov

DT86 2 332715 03/23/12 18.39.13
QNB IISB086M MENTAL HEALTH CURRENT STATUS PAGE 001
DOC#: 332715 NAME: HAHN, AARON M. CNSLR: ST: ACTIVE INMAT
LOC: WASH STATE PEN BED: BC3011 MS: SPECIAL NEEDS REL.DATE 07/18/2025
LAST PSYCH EVAL RPT: 03/21/2011 POS#: WSP5 JACKS, RICHARD
~~MAC~~ ~~AXIS I: 295.20 SCHIZOAFFECTIVE CHRON~~ 05/11 POS#: WSP5 JACKS, RICHARD
~~AXIS I: 295.20 CANNABIS ABUSE UNSPEC~~ 05/11 POS#: WSP5 JACKS, RICHARD
AXIS I: POS#:
~~AXIS I: 301.9 PERSONALITY DISORDER UNS~~ 05/10 POS#: WSPD CRISPIN JUGUIL
~~DATE: 06/08/2010 POS#: 2990 ROE, THOMAS~~
~~PULHES S-CODE: 4 DATE: 03/28/2011 POS#: OR48 UNKNOWN~~
MH MEDS: NOW ON: Y YES USED IN PAST: Y YES DATE: 05/04/2010 POS#: WSPD CRISPI
ACTIVE MH PLAN: Y YES LOC: 1 HEALTH CARE DATE: 05/04/2010 POS#: WSPD CRISPI
MH HOLD SD: ED: STAFF: CLOSE DATE:
O.P.BATT: AFA= MHN= EVA= SUI= VIC= VIO= SUB= DTE=
**SCREENED? INST: Y YES FIELD: DATE: 03/10 SMI FLAG INST: Y FIELD:
**INTERVIEW CONFIRMS SMI? INST: Y YES DATE: 05/10 POS#: WSPD CRISPIN JUGUILON
** FIELD: DATE: / POS#:
**REFERRED TO: 01 PSYCHIATRIST DATE: 05/10 POS#: WSPD CRISPIN JUGUILON
CIVIL COMMIT? DATE: / POS#:
INFO NOTICE/PACKET SENT?: DATE: / POS#:
(FOR NOTE ENTER "N"): ACTION: DATE: / POS#:
<ENTER> TO UPDATE



Exhibit 10

LOG I.D. NUMBER

17525294

OFFENDER COMPLAINT

CHECK ONE: ☒ Initial Grievance ☐ Emergency Grievance ☐ Appeal to Next Level ☐ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. You may use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact staff to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

Last Name	First	Middle	DOC Number	Facility/Office	Unit/Cell
Hahn	Adrian	M	332715	WSP	BL301

COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.

MAILING ADDRESS: STREET OR P.O. BOX	CITY, STATE	ZIP CODE	TELEPHONE
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I WANT TO GRIEVE: In Feb 2010 I was placed in Delta unit. I spoke with Robert Martin at WCC and expressed my concerns about being placed in that placement regardless of the safety issues. I was still placed in there on April of 2010 I was assaulted in the WCC Library. I was then placed in the hole for 60 days. I was injured because of the assault. I feel DOC is at fault and this incident could've been prevented if they would've listened to my concerns.

SUGGESTED REMEDY:

To DOC to give me more room and the injuries I suffered

Mandatory

Signature

Date

12/3/12

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☒ It is not a grievable issue.
- ☐ You requested to withdraw the complaint.
- ☐ You failed to respond to callout (sheet) on _____.
- ☐ Administratively Withdrawn _____.
- ☐ The formal grievance/appeal paperwork is being prepared.

Facility/Office

WSP

Date Received

12-6-12

- ☐ The complaint was resolved informally.
- ☐ Additional information and/or rewriting needed. (See below.) Return within 5 working days or by: _____.
- ☐ No rewrite received _____.
- ☐ Sent to _____ (facility) on _____ (date).

EXPLANATION:

You are beyond timeframes, as this occurred almost 3 years ago.

Coordinator's Name (print)

Coordinator's Signature

L. Young

Date

12/6/12



Exhibit A

LOG I.D. NUMBER

12525294

OFFENDER COMPLAINT

CHECK ONE: ☐ Initial Grievance ☐ Emergency Grievance ☒ Appeal to Next Level ☐ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. You may use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact staff to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

Last Name	First	Middle	DOC Number	Facility/Office	Unit/Cell
Hahn	Aaron	M	332715	WSP	BC 301

COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.

MAILING ADDRESS: STREET OR P.O. BOX	CITY STATE	ZIP CODE	TELEPHONE
-------------------------------------	------------	----------	-----------

I WANT TO GRIEVE: In Feb 2010, I was placed in Delhant. I spoke with Robert Martin of WCC and expressed my concerns about being sent to Walla Walla Main. He sent me there anyway, regardless of the safety issues I expressed to him. In April of 2010, I was assaulted by another inmate in the W/C library. I was then taken to Seg for 60 days. I was injured because of the assault. I feel Doc is at fault. This incident could've been prevented.

12525294 ← Log ID

SUGGESTED REMEDY:

Doc to pay for my mental anguish and injuries

Mandatory

Signature

Date

12/10/12

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☒ It is not a grievable issue.
☐ You requested to withdraw the complaint.
☐ You failed to respond to callout (sheet) on _____.
☐ Administratively Withdrawn _____.
☐ The formal grievance/appeal paperwork is being prepared.

Facility/Office

Date Received

WSP

12-13-12

☐ The complaint was resolved informally.

☐ Additional information and/or rewriting needed.

(See below.) Return within 5 working days or by: _____.

☐ No rewrite received _____

☐ Sent to _____ (facility) on _____ (date).

EXPLANATION:

The 'Not Grievable' decision stands. You may request a formal review by the GPM if you wish.

Coordinator's Name (print)

Coordinator's Signature

Date

L. Young

12/13/12



Exhibit 12

LOG I.D. NUMBER

13532397

OFFENDER COMPLAINT

CHECK ONE: ☒ Initial Grievance ☐ Emergency Grievance ☐ Appeal to Next Level ☐ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. You may use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact staff to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

Last Name	First	Middle	DOC Number	Facility/Office	Unit/Cell
Hahn	Arnon	M	332715	WSP	B C 301

COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.

MAILING ADDRESS: STREET OR P.O. BOX	CITY-STATE	ZIP CODE	TELEPHONE
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I WANT TO GRIEVE: DOC ~~classification~~ for not listening to my concerns about being placed in WSP main line, instead of someplace else, and not asking me any safety concerns while at Shelton when I first got to prison. I then later got assaulted.

SUGGESTED REMEDY:

for DOC to accept responsibility and fine me compensation for my damages

Mandatory

Signature

Date

7/28/13

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☒ It is not a grievable issue.
- ☐ You requested to withdraw the complaint.
- ☐ You failed to respond to callout (sheet) on _____.
- ☐ Administratively Withdrawn _____.
- ☐ The formal grievance/appeal paperwork is being prepared.

Facility/Office

Date Received

WSP

3/18/13

- ☐ The complaint was resolved informally.
- ☐ Additional information and/or rewriting needed. (See below.) Return within 5 working days or by: _____.
- ☐ No rewrite received _____.
- ☐ Sent to _____ (facility) on _____ (date).

EXPLANATION:

You were transferred to WSP from WCC in 2010. Also, you already attempted to grieve this under #12525294. You were advised then that you are beyond timeframes to grieve this.

Coordinator's Name (print)

Coordinator's Signature

Date

L. Young

3/18/13



Exhibit # 13

LOG I.D. NUMBER

13532397

OFFENDER COMPLAINT

CHECK ONE: ☐ Initial Grievance ☐ Emergency Grievance ☐ Appeal to Next Level ☒ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. You may use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact staff to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

Last Name	First	Middle	DOC Number	Facility/Office	Unit/Cell
Hahn	Aaron	M	332715	WSP	BC 301

COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.

MAILING ADDRESS: STREET OR P.O. BOX	CITY STATE	ZIP CODE	TELEPHONE
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I WANT TO GRIEVE: DOC for not listening to my concerns about being placed in DOC Mainline, then eventually getting awarded. I was never given a safety concerns originally, but told well I did.

13532397

SUGGESTED REMEDY:

for DOC to accept responsibility and give me compensation for my damages

Mandatory

Signature

Date

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

☒ It is not a grievable issue.☐ You requested to withdraw the complaint.☐ You failed to respond to callout (sheet) on _____.☐ Administratively Withdrawn _____.☐ The formal grievance/appeal paperwork is being prepared.

Facility/Office

WSP

Date Received

3/25/13

☐ The complaint was resolved informally.☐ Additional information and/or rewriting needed.

(See below.) Return within 5 working days or by: _____.

☐ No rewrite received _____.☐ Sent to _____ (facility) on _____ (date).

EXPLANATION:

The 'Not Grievable' decision will stand. You may request a formal review by the GPM if you wish.

Coordinator's Name (print)

Coordinator's Signature

L. Young

Date

3/25/13



LOG I.D. NUMBER

13532397

OFFENDER COMPLAINT

CHECK ONE: ☐ Initial ☐ Emergency ☒ Appeal ☐ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

AC301

Last Name	First	Middle	DOC Number	Facility/Office	Unit/Cell
Hahn	Aaron	M	332715	WSP	B6301

COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.

MAILING ADDRESS: STREET OR P.O. BOX	CITY, STATE	ZIP CODE	TELEPHONE
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COMPLAINT: WCC/DOC/Rob Martin for not listening to my concerns about being placed in WSP mainline when I first got to WCC in ~~2009~~ 2009, then in 2010 at WSP mainline getting assaulted.

13532397

SUGGESTED REMEDY:

Mandatory

Signature

Date

3/27/13

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☒ It is not a grievable issue.
- ☐ You requested to withdraw the complaint.
- ☐ You failed to respond to callout (sheet) on _____.
- ☐ Administratively Withdrawn _____.
- ☐ The formal grievance/appeal paperwork is being prepared.

Facility/Office

WSP

Date Received

4-1-13

- ☐ The complaint was resolved informally.
- ☐ Additional information and/or rewriting needed. (See below.) Return within 5 working days or by: _____.
- ☐ No rewrite received _____.
- ☐ Sent to _____ (facility) on _____ (date).

EXPLANATION:

This will be forwarded to the GPM for review.

Coordinator's Name (print)

Coordinator's Signature

L. Young

Date

4/2/13

exhibit 13



W40

OFFENDER'S KITE

PAPELETA DE PETICIÓN DEL INTERNO

OFFENDER NAME (PRINT) NOMBRE DEL INTERNO (LETRA DE MOLDE)		
Hahn		
DOC NUMBER/NÚMERO DOC	UNIT, CELL/UNIDAD, CELDA	DATE/FECHA
352715	AC 301	4/1/13
DESIRE INTERVIEW WITH OR ANSWER FROM/DESEA ENTREVISTA CON O RESPUESTA DE		
Grievance Coordinator W/L Young		

☐ Interpreter needed for _____ (language).
☐ Necesito intérprete para _____ (idioma).

REASON/QUESTION
 RAZÓN/PREGUNTA

What is the status of my
 level 3 grievance for #13532397?

I have not received it yet.

SIGNATURE/FIRMA

DAYS OFF/DÍAS LIBRES

RESPONSE
 RESPUESTA

It was found 'not Grievable' on 3/25/13 because you tried to raise this issue already (under #12525294) last year and were told you were beyond timeframes. You appealed the decision on #13532397 on 3/27/13, it was received on 4/1/13 and sent for review by the GPM on 4/2/13. She will rule on it soon.

RESPONDER/PERSONA QUE RESPONDE

DATE/FECHA

L. Young

4/3/13

Distribution: WHITE/YELLOW-Responder, YELLOW-Return to Offender with Response, PINK-Offender keeps
 Distribución: BLANCA/AMARILLA-Persona que responde, AMARILLA-Devuelva al interno con respuesta,
 ROSA-Interno

DOC 21-473 E/S (Rev. 09/21/11)

DOC 390.585, DOC 450.500

DECLARATION

I, Aaron Hahn, declare that, on 1-10-14, I

deposited the foregoing document(s),

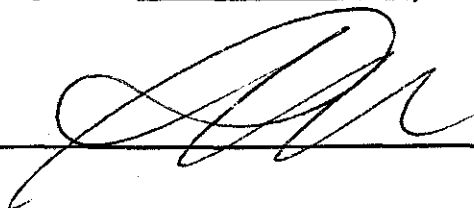
1983 with exhibits

or a copy thereof, in the internal mail system of Washington State Penitentiary and made arrangements for postage, addressed to:

US District Court
US Courthouse
1717 Pacific Ave Rm 3100
Tacoma, Wa 98402

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Dated at Walla Walla, Washington on 10 Jan 10-14,

Signature and number:  332715